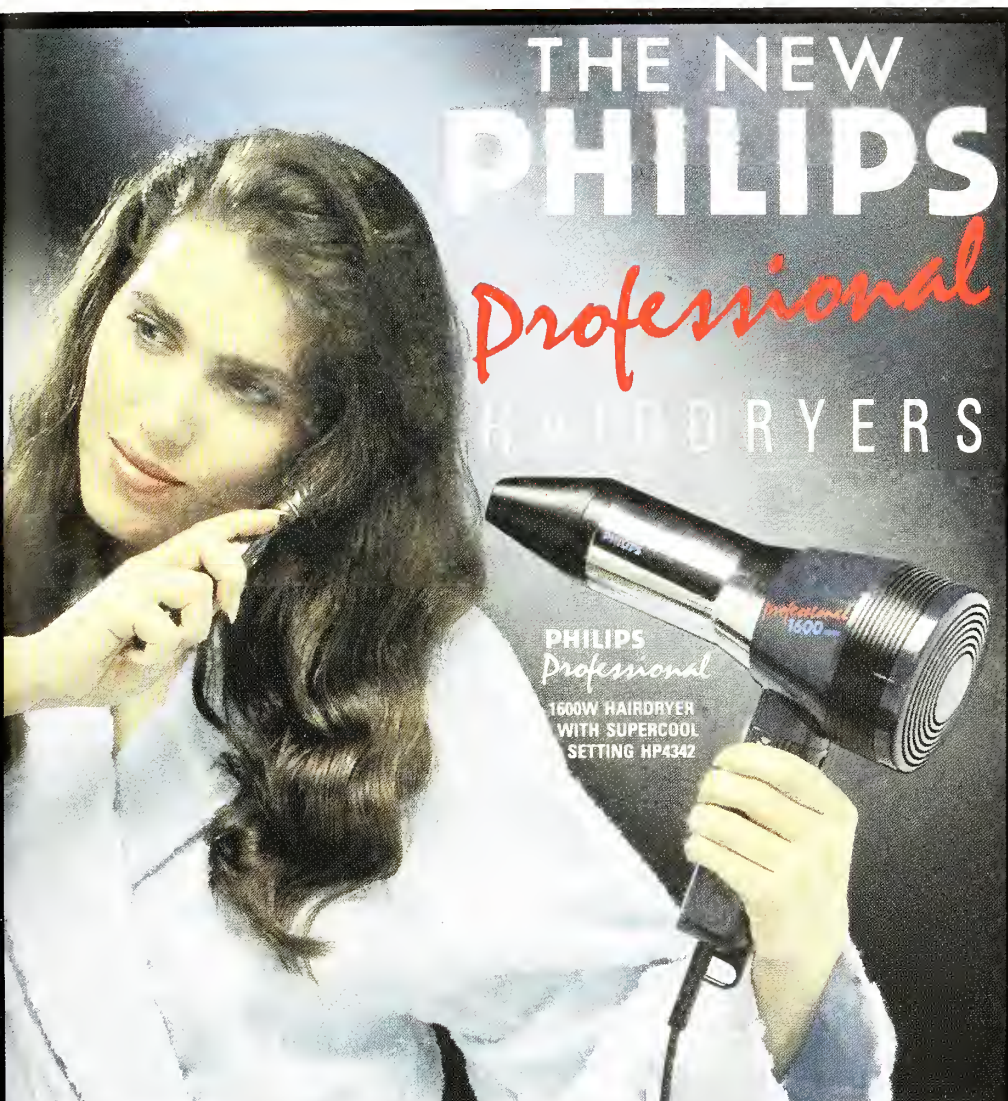


# CHEMIST & DRUGGIST

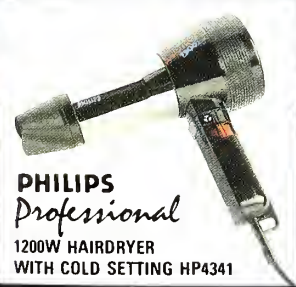
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September 16, 1989


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**Keele BPC:**  
reports and  
pictures

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**'More to job  
than supply'**  
says Rawlings

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**Mellor praises  
'advice centres'**

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**England to get  
postgraduate  
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# CHEMIST & DRUGGIST

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# COMMENT

There is an air of "marking time" in the addresses of both the Royal Pharmaceutical Society president Marion Rawlings and the Minister for Health David Mellor at the British Pharmaceutical Conference. For pharmacy the grand design set out in the Nuffield Inquiry is still some way short of fulfilment. And for the Government the brave new NHS world envisaged in the Health White Paper will only be fully realised when its tenets become law. That pharmacy will be a part of that world is not in doubt but it is a shame that, all too often, the profession's participation seems to be taken for granted by Government, and for little or no reward.

Mr Mellor sees pharmacists developing in new directions away from "core functions" — presumably that same supply role identified by Marion Rawlings in her speech as merely the starting point of the pharmacy service. Where the Minister and the president no doubt disagree is on whether those new directions need to be recognised in NHS legislation. So far the only role extensions identified for pharmacy post-Nuffield to be enshrined in the contract are the keeping of patient medication records and supervision of medicines in

residential homes. There is some way to go before the many diagnostic services that could be provided by selected pharmacies are remunerated by the Government.

It is Mr Mellor's vision of pharmacies as advice and assistance centres that is both so compelling and so dangerous, for that is precisely what they are now. He talks of building on this foundation but provides no new bricks. What is needed is to transfer some of the cash savings that will result from the more "cost-effective" remuneration system imposed on pharmacy with the demise of the cost-plus contract, into new pharmaceutical services that will bring savings and community benefits of their own.

Community pharmacy aspires to more than handing out healthcare leaflets. It certainly aspires to the president's "reviewing of prescribing habits and drawing up practice formularies", though the Government again must see that the profession's ongoing reward is more than the contract own-goal Mrs Rawlings identifies. It wants to be the provider of High Street health centres, but if the Government will not move more quickly towards paying more than lip service to such facilities pharmacists must move towards privatising the unremunerated services.

# NHS pharmacy 'more than supply' — Rawlings

**In a low key address, Royal Pharmaceutical Society president Marion Rawlings reminded the Health Minister of the profession's aspirations in both the community and hospital fields. And while reiterating the Society's support for aspects of the NHS White Paper she asked for clarification of proposals for drug budgets, and cautioned on proceeding too rapidly...**

For too long the primary care pharmaceutical service within the NHS has been defined as the supply of medicines against prescriptions. That definition is well out of date, Mrs Rawlings told the Health Minister David Mellor, urging him to include an amendment in the forthcoming NHS legislation making it clear that Part II NHS pharmaceutical services include much more than the supply function.

"The change in primary legislation would only be of an enabling nature because the new involvement of pharmacists would naturally have to be justified on grounds of improvement of service and cost-effectiveness," she said.

The next Parliamentary session was likely to be "exciting and controversial" with legislation that will foreshadow the most far reaching changes the NHS has seen since its inception. The Pharmaceutical Society supported proposals to encourage cost effective prescribing, and Mrs Rawlings urged that the expertise of pharmacists should be utilised in reviewing prescribing habits and in drawing up practice formularies.

She dismissed suggestions that the Society's support was on the grounds of vested interest: more cost-effective prescribing could be said to be against pharmacists' financial interests. "But if it was intended to convey that pharmacists have an interest in ensuring their professional expertise is properly used, then I freely admit to the promotion of that vested interest," she said.

Mrs Rawlings reiterated the Society's concern that the Government's timetable was unrealistic. She also reminded the Minister of the Society's submission to the Social Services Committee, which had described its proposals as "relatively modest measures which could have a significant effect on the cost of prescribing".

"These include rationalising quantities prescribed for patients on long term medication and the

standardisation of pack sizes to avoid waste. The Committee concluded that these suggestions merited examination, and we hope you will give them further consideration," Mrs Rawlings told Mr Mellor.

For GPs operating the practice budget scheme, the Government working papers suggested the budget would be an actual allocation. This was bound to place great pressure on prescribing costs and care would need to be taken to re-assure patients that they would continue to receive necessary treatment, she said.

For indicative drug budgets the scheme would be structured in such a way that patients always get the drug they need, according to the guidelines. This assurance was difficult to equate with the statement in the same working paper that each regional health authority will be allocated a firm budget to cover drug expenditure in the FPCs in its area, said Mrs Rawlings. How could a firm budget at regional level accommodate indicative budgets at practice level? she asked.

"It is absolutely vital that the way the scheme will operate is explained in detail. The public must be left without lingering doubts that there will be no disincentive to doctors accepting patients in the high prescribing cost groups or to begin to prescribe expensive drugs where necessary," said Mrs Rawlings.

She welcomed the recent health circulars from the Department setting out the way forward for hospital pharmacy services. Writing recently in *Pharmacy Management* Mr Mellor had referred to the difficulties encountered in recruiting and retaining staff in the hospital pharmaceutical service.

While the Society is not involved in salary negotiations, Council takes a keen interest in ensuring that all pharmacists are treated fairly, Mrs Rawlings said.

"A salary offer which is well below the current rate of inflation, and a cut in pay for most



RPSGB president Marion Rawlings

pharmacists for the extra hours they worked covered by special duty payments, does not seem to me to be the right package to stimulate recruitment and ensure retention of experienced and expert members of staff.

"Minister, I know that you are not directly involved in salary negotiations either. I hope, however, that you will do all you can to ensure that your Department's plans for the hospital pharmaceutical service, are not put at risk by a pay offer that is patently unfair," she said.

Mrs Rawlings extended her theme of tapping the full potential of the pharmacist into the community area. Earlier this year the Health Secretary Kenneth Clarke had described pharmacists as being at "the heart of primary care." For too long the pharmaceutical service has been thought of only in terms of dispensing NHS prescriptions, but that is only one part, she said.

"The full expansion of pharmaceutical practice cannot be attained until both the Government and the profession accept that the people who make six million visits to British pharmacies every day should have the benefit of a comprehensive

pharmaceutical service and all that this entails," said Mrs Rawlings.

A major change in the way pharmacies are organised is needed, she said. The technical aspects of dispensing should be delegated to supervised support staff, and the pharmacist should increasingly be the first contact for the patient. "What the Society's Council wishes to achieve is the most effective use of the pharmacist's time within the pharmacy," she said.

The public expects advice to be available to them in shopping areas that are convenient to visit, and if pharmacists do not ensure they provide the service, others less well trained are only too anxious to take their place, Mrs



Rawlings warned. If "prescription only" controls were removed from more medicines (whenever pharmacist supervised supply can be safely authorised) pharmacists could make a greater contribution to the effective treatment of minor ailments, she said.

If primary care is defined as care outside an institution then the past decade has seen dramatic change. "What we are witnessing is the breakdown of the strict division that used to exist between the hospital and the home. The challenge is to ensure that the patient receives the best possible pharmaceutical care in both environments, and the bridge that spans the gap is effective," she said. The bridge in pharmacy is provided by the pharmaceutical officers and community service pharmacists. They would have an increasingly important role to play, predicted Mrs Rawlings.

Any reference to a comprehensive service without mention of health promotion would be incomplete. Recognition of this came in April when Kenneth Clarke announced additional funding to support pharmacist's activities. "We see this as an encouraging start to the proper funding of this part of our service and urge that a substantial proportion of that additional funding should be devoted to the pharmacy health care scheme," said Mrs Rawlings.

There is undoubtedly scope for considerable expansion of the pharmacist's involvement in health promotion, she said, and this must include an expansion in diagnostic testing.

# Mellor sees pharmacies as 'advice and assistance' centres

**Further endorsement of the Government's plans to utilise community pharmacies as centres for advice and assistance on health care matters was the one concrete point to come out of the Health Minister's address to the Conference on Monday. In a speech which made no mention of the latest row over hospital pay and paid the customary compliments to the innovative record of the pharmaceutical industry, Mr Mellor devoted the major part of his time to explaining the need to seek management efficiency and cost effectiveness in the NHS**

There will be plenty for pharmacists to do in the new and more efficient health service the Government is planning, Health Minister David Mellor told delegates at the opening session of the British Pharmaceutical Conference at Keele on Monday.

"There will be as much need for community pharmacies in the 1990s as there has been in the 1980s," the Minister said, "but I believe we shall see growth in other directions rather than your core functions. There will be a building on being a centre for advice and assistance on health care matters."

Mr Mellor recalled he had been attracted to the idea of using pharmacies to distribute healthcare information when he was the Minister at the Home Office responsible for formulating the Government's campaign against drug abuse. The pharmacy was a place most people visited in the course of a week and where information could be distributed in a sensible atmosphere, he said. "We want to build on that health education role for pharmacists."

He reminded delegates that the Health Secretary Kenneth Clarke had made available £250,000 for the provision of information under that pharmacy healthcare scheme. The Government had also amended the legislation to allow pharmacists to receive payments for carrying out an advisory role in



Health Minister David Mellor

residential homes and for keeping patient records, as proposed in its White Paper on primary care.

A scale of fees had been agreed with the Pharmaceutical Services Negotiating Committee (led by that "tough man David Sharpe", said Mr Mellor).

Between a third and a half of community pharmacists had taken up the Society's training package, which showed how keen the profession was to take up the opportunity offered.

He rejected the idea of standardised national formularies, saying the Department was hoping instead for local initiatives with willing participants.

There would be a continuing role for pharmacists on family practitioner committees, he said, but if the service was to be managed properly the managerial entity needed to be slimmed down with a different balance between contractors and the lay members. There would still be a need to call upon pharmacists' expertise and plenty of scope for FPCs to do so. "Indeed, some FPCs have already appointed independent pharmaceutical advisors," he said.

He congratulated the Society on the forward looking style in choosing as its Conference theme "Healthcare in the 1990s — the team approach". There were two "vital concepts" in that title, Mr Mellor said. "We cannot afford to rest on our laurels and be complacent. We have to look forward and recognise that there are going to be unparalleled pressures put upon the service in the 1990s, and we'd best get our act together now," he said.

And if the health service — which employs over 800,000 people and has many more in contractual relationships — was to succeed, it could only do so by people working together, rather than operating from independent professional bunkers, Mr Mellor said. He complimented the Society and pharmacy in general on its progressive outlook.

The last ten years had seen real expansion in the Health Service, said Mr Mellor. Spending had increased from £8 billion ten years ago to reach £26 billion this year. This might have been expected to give some elbow room and relieved some of the undoubted financial strain. "But we know that in many parts of the country the NHS has to make

invidious priorities in its allocation of resources, and we have to ask ourselves why," said Mr Mellor.

Unquestionably the pressure on the NHS had increased, he said, and the demographic trend meant there was a vast increase in the number of pensioners relying on assistance from the healthcare system. "Since we know this trend is going to continue 1990 is going to be even more of a challenge," he said.

Unquestionably the kind of increase in resources seen during the 1980s would continue into the 1990s, said Mr Mellor. "Some people have suggested the White Paper is an alternative to spending. It certainly isn't," he said. "It is a way of ensuring the service spends its increasing resources more effectively."

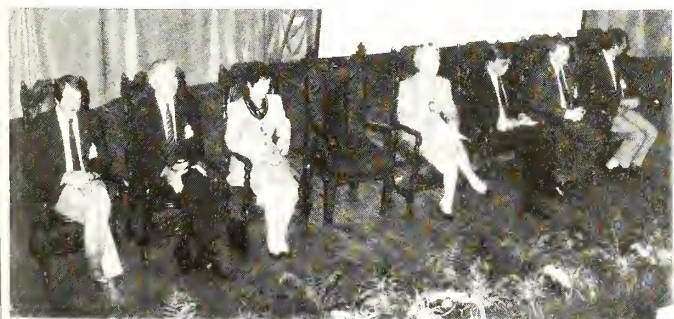
Health service performance indicators had revealed unacceptable variations between similarly resourced districts. These inequalities demand attention, he said, and if the NHS was to be of greater service to the public it must become more efficient and more effective.

A sign of the development of the NHS as a sophisticated management entity was the development of the PACT information system, which would allow the Department to establish parameters within which a normal medical practice could operate. Most drugs prescribed were necessary, said Mr Mellor, but there were still practices where the prescribing pattern was unacceptable, and although generic prescribing had doubled in recent years there were still doctors who prescribed the branded product. "It is not playing fair with the NHS," said Mr Mellor. "It is money that could be spent elsewhere."

But the proposed drug budgets had nothing to do with applying downward pressure on the system, he said. "I am confident our drugs bill will go up year after year. I do not resent that, knowing we are buying new effective medicines."

He praised the innovative achievements of the industry and said it was the Government's desire that it should continue to thrive. "The NHS is the best test bed in the world for developing new medicines and carrying out clinical trials," he said.

The Government was trying to address overprescribing and waste of resources, said Mr Mellor, and the Pharmaceutical Society had done more than almost any other group to expose this through its DUMP campaigns. To say the chronically sick will not get the drugs they need was "the most wretched propaganda". He repeated Kenneth Clarke's assurance that no one would go without the medication they needed.



Listening to the welcoming address from the Lord Mayor of Stoke, (left to right) Gaz Clapinski, secretary of Conference Committee; John Ferguson, RPSGB secretary and registrar; Linda Stone, RPSGB vice-president; Marion Rawlings, RPSGB president; David Mellor, Minister of Health; Dr Barry Cox, Conference Science chairman; Peter Taylor, Conference Committee chairman



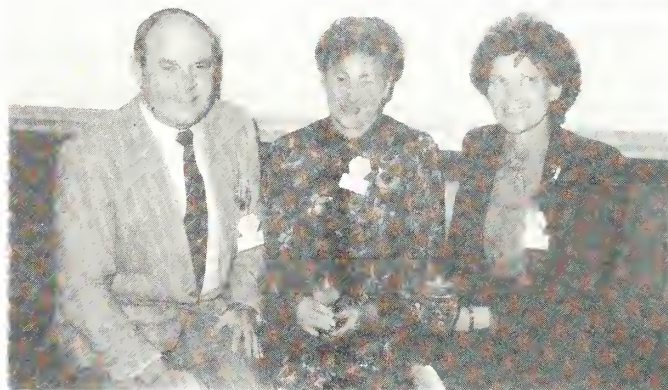
# Welcome to Keele

# Conference



Professor Ian Kellaway (far left) from University of Wales College, Cardiff, receives a warm welcome to the Conference's opening social event at Keele University last Sunday evening from some organising subcommittee members. (Left to right): Michael Culshaw, staff pharmacist at Leighton Hospital, Crewe, Jane Large, pharmacy manager with Boots and Margaret Corrigan, staff pharmacist at Leighton Hospital

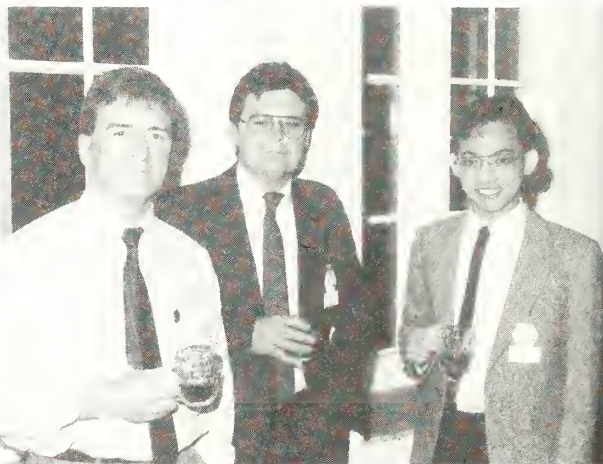
When Pam Rushworth (far left) is not working hard as a conference steward she is drug information pharmacist at Chester City Hospital. She welcomes (left to right) Diana Mallinson, community pharmacist from Bothwell near Glasgow, Dr Michael Berry from the school of health sciences at Liverpool University and Edward Mallinson, chief administrative pharmaceutical officer for Lanarkshire



All the way from 'down under', via the FIP Conference in Munich, are Radley West, his wife Jill and Catherine Heenan, community pharmacists from Brisbane



Fresh from the Conference ecumenical service the Rt. Rev. Chris Mayfield, Bishop of Wolverhampton, with his wife Caroline (far left), is boning up on pharmacy with help from Michael Jepson, head of the pharmacy practice group at Aston University (fourth from left) and John Wilson, senior research pharmacist at Nottingham University (second from right) together with Michael Jepson's wife Jean and son Guy



Always searching for inspiration are Dr Patrick Kearney, section head, Andrew Thompson, development manager and Dr Sang Wong, development pharmacist, all from the novel development section of R.P. Scherer's Zydis Group



Conference attracts a wide spectrum of people as shown by this group with (left to right) Dr William Field, a pharmacologist from Aston University, Dr Peter Worling, chairman AAH Pharmaceuticals and his wife Iris, community pharmacist David Newton and his wife Christine from Hull, and the Proprietary Association of Great Britain's secretary Sheila Kelly



Getting around the table are (left to right) Ken Sharpe, NE group manager with National Co-op Chemists and his wife Brenda, together with community pharmacists Peter and Christine Ashmore from Slough and Lawrence Lichtenhein from Ipswich



Betty Montgomery, principal pharmacist at the Vale of Leven Hospital, Scotland, shows off her latest Conference jumper, designed and knitted by her own fair hand. Looking on in admiration are Dr Raymond Hooper, head of pharmaceutical translation at Boehringer Mannheim in W. Germany (left) and Dr James Chilton, ex-secretary of the Royal Pharmaceutical Society's Scottish Department



Bath University is well represented by (left to right) Ph.D. students Debbie Challis and Valerie Pape, lecturer Colin Poulton, visiting scientist Abdul Ahmed, and lecturer Stephen Moss



From across the water, Dr James McElroy (right) from the Pharmacy Department at the Queen's University of Belfast and Derek Lawson, secretary and registrar of the Pharmaceutical Society of Northern Ireland and his wife Sandra, look forward to an enjoyable week



(Left to right) Sue Symonds, community pharmacist from Nottingham, Gunnar Wikstrom, pharmaceutical research and development manager, stability laboratory at Pharmacia in Sweden and Dr Carina Livingstone, lecturer at Aston University



Dr William Court (left), chairman of Clyed Branch, brushes up on his Australian with a little coaching from Karen Rowe, oncology pharmacist at Sydney's Sutherland Hospital and Dr James Rowe, pharmacy development manager with Abbott (Australasia) in Sydney



(Left to right) Nilesh Thakore, formulation pharmacist with Roussel Laboratories in Swindon and Tim Lukas, research and development, at Pfizer, get together with Robin Herbert from Guernsey Board of Health, and Jaspal Malli, a lecturer at Brighton Polytechnic, to enjoy the 'welcome' fare

# Enterprise scheme for practice research

The Department of Health plans to introduce an "enterprise scheme" for pharmacy practice research. The scheme would aim to raise the level of interest and competence in the discipline by providing "structured experience" training.

Chief pharmacist Dr Brian Wills was asked by Health Minister David Mellor to make the announcement at the British Pharmaceutical Conference at Keele University on Monday afternoon. Mr Mellor had not had time to tell delegates about the decision when he addressed them at the opening session that same morning.

The new scheme will mean that pharmacists who show a commitment to worthwhile practice research will be able to gain experience in such research by attending a specialist course or undertaking a period of structured experience, Dr Wills said before the afternoon's political forum discussion session began. "This is a necessary investment in the future of pharmacy which will provide the skills that will be needed in the future", he added. The move comes as a result of proposals in the White Paper on primary health care. A more detailed announcement on the scheme is expected in the next

few months.

Professor Geoff Booth and Dr Alison Blenkinsopp from Bradford University's pharmacy practice research unit gave an enthusiastic welcome to the enterprise initiative. They both agreed it is an excellent idea.

"It's a real opportunity for new practice researchers to get experience of other disciplines relevant to practice research. We've got the pharmacy knowledge and the enthusiasm but we don't have the research experience", Dr Blenkinsopp told C&D at the British Pharmaceutical Conference in Keele, on Tuesday.

## SLD calls for expanded role

An interim policy statement approved by the Social & Liberal Democrats' conference at Brighton called for an expanded role for retail pharmacy.

The proposals include: a visiting pharmaceutical service giving effective advice for the housebound on the use of medicines, provided either by community pharmacists or by pharmacists employed by health authorities; the introduction of generic substitution by community pharmacists — allowing them to substitute generic products for brand named drugs prescribed by doctors; reform of the Pharmaceutical Price Regulation Scheme to discourage investment by drug companies in developments of little or no therapeutic value; a review of the patent life of drugs — taking account of the significant contribution made by drug companies to research and development and exports, and encouragement of the involvement of pharmacists in health screening schemes.

## School joins hospital in practice research

The School of Pharmacy in London has joined forces with the London Hospital to set up a "joint academic pharmacy practice research team". One of the aims is to advance research in community pharmacy.

The team also hopes to develop more effective postgraduate training and continuing education in pharmacy practice and clinical pharmacy and to develop non-traditional educational methods.

Initially only involving the School and the hospital pharmacy department, the project is expected to involve others as it develops.

Ian Bates who lectures at the School of Pharmacy and is one of the team co-ordinators, told C&D that the first stage, which is almost complete, is to assess available resources and look at potential areas for funding including MPhil/PhD projects. Some project work has already

started and it is expected that at least one project will be written up ready for publication by January 1990.

The School of Pharmacy has had links with the London Hospital since 1984 when hospital pharmacists began teaching undergraduates.

The benefits from improvements made last year in teaching pharmacy practice to third year students prompted the joint venture.

## Premises up 3

Premises on the Royal Pharmaceutical Society's Register rose by three in August, to 11,655.

England (excluding London) was up one, with eight additions, one restoration and eight deletions. Scotland had three additions and one deletion. Wales was unchanged, as was London.

## Register for jobs in industry

Post-graduate students complete their research before making contact with industry, says Professor Pat D'Arcy, recently retired as head of the School of Pharmacy at the Queen's University, Belfast. "Months are wasted when industry needs vacancies to be filled fast."

Professor D'Arcy is to compile a register of pharmacy and pharmacology students nearing the end of their MSc and PhD studies who are interested in a career in industry. The Cambridge Register will be compiled in conjunction with

Roger Stephens and Associates of Hatfield. It will list biographical details on a computer under a code to preserve confidentiality.

Schools of pharmacy are being asked to provide details of students interested and a vacancy list is being prepared from pharmaceutical companies. A charge will only be made to companies accepting a candidate from the register.

Professor D'Arcy can be contacted through the Department of Pharmacology, University of Cambridge, Tennis Court Road, Cambridge.

## Hospital pharmacy praised

Hospital pharmacists do an invaluable job and the Department of Health is extremely concerned about recruitment and retention, Health Minister David Mellor said at a Press Conference after his address to the BPC in Keele on Monday.

But he would not be drawn over the overwhelming rejection by hospital pharmacists of the Department's latest 6.5 per cent pay offer. Chief pharmacist Brian Wills indicated the Department is looking to the new flexible grading structure to help solve chronic staff shortages in the hospital service.

"If flexible grading strategy fails to work then we will have to examine alternative ways


forward," he said.

Mr Mellor made it clear that the Department was "working with the grain of the profession" in expanding health promotion activities in community pharmacies. "We are very alive to ideas coming from the profession," he said. He would not comment on the call by the Society's president Marion Rawlings for amendment of the legislation to allow for financial recognition of the advisory role.


"The reality is that chemists already perform the advisory function and we welcome that fact. I would hope the profession is more altruistic than wanting to be paid down to the last penny," he said.



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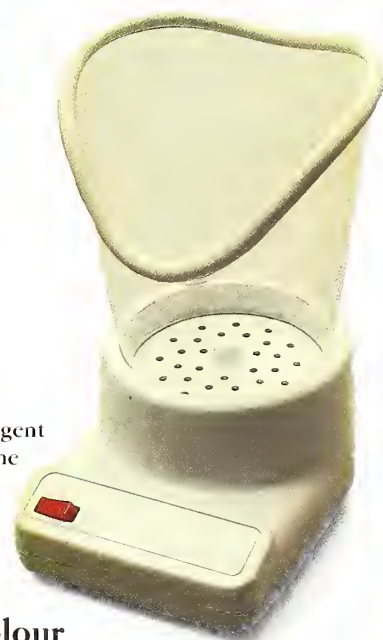
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## The Petra Facial Sauna

A beautifully made sauna, this also works as an inhaler, and like everything from Petra, is made to stringent quality standards, with each and every part made in the same place in Germany.

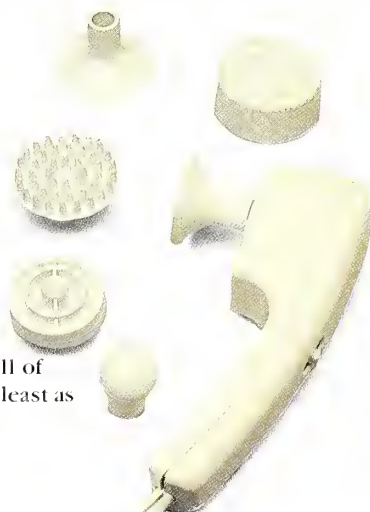
The parts here include a stainless steel evaporating dish, an on/off switch, a cable reel facility and a measuring cup, so you can see that it's fully equipped to become a best seller.



## The Petra Massager

Here's yet another beautiful idea from Petra. It comes with a very handy design, 6 attachments and a fixed power cord, and two different speeds – a thoughtful extra from Petra.

These are just some of the Petra products arriving now, in a range that also includes superb hairdryers and curlers. All of them feature first class designs, and all of them are highly attractive – not least as Christmas presents this year!



## Full Colour Advertising Nationwide

Full colour advertising in the women's press will break in October, telling millions of your customers about Petra, and what makes it a unique name in personal beauty care.

**Don't miss out** Contact us now for full details. No need to buy stamps for Germany. Petra is distributed into the UK by Oris, the company that brought you the very successful Epilady. You'll find us at:

**electric  
petra**

Oris, Osem House,  
102 Brantwood Road,  
London N17 0DX.  
Telephone: 01-885 2999.

# Postgraduate education group for England

The Government plans to rationalise pharmaceutical continuing education in England by establishing a postgraduate education group similar to those established in Scotland, Wales and Northern Ireland.

Announcing the move at the British Pharmaceutical Conference in Keele on Monday Department of Health chief pharmacist Dr Brian Wills said the group will be responsible for formulating policy, setting priorities, ensuring adequate provision of continuing education across the country, appointing local course organisers and evaluating and developing new educational technology.

Royal Pharmaceutical Society Council member Dr Alison Blenkinsopp welcomed the announcement. She told *C&D*

"It's high time there was some sort of co-ordination of postgraduate education so that there is proper provision everywhere." At the same time she hoped the Society's postgraduate education committee would have an input.

## Mellor and BMA clash over GP statistics

The average general practitioner has fewer patients than at any time since the start of the NHS, according to Minister of Health David Mellor.

Commenting on DoH statistics, published last week, which show that the average list size fell by 13 per cent, from 2,322 to 2,010 patients, between 1977 and 1987, Mr Mellor said: "These figures give the lie to the British Medical Association's claim that the new contract will give GPs no time for their patients."

In response, the BMA said: "The 20 per cent growth in the number of GPs has failed to keep pace with the 35 per cent increase in the patient consultation rate. This would appear 'to give the lie' to Mr Mellor's simplistic approach."

The BMA statement continued: "The credit for the progress made by general practice belongs to GPs, and reflects the efforts they have made to expand their partnerships, develop their practice premises and employ more staff. It does not belong to a Government which is on the point of imposing a contract which will halt this development."

# Pharmacists on strike

Community pharmacists in Australia last week went on strike for the first time in their history in protest against government proposals to cut prescription fees. The pharmacists say the move could halve their income and put around a third of them out of business.

Warwick Plunkett, president of the Pharmaceutical Society of Australia, New South Wales, told *C&D* this week that on

September 7 pharmacists closed their shops for up to half a day, angry at the Government's latest scheme designed to cut the nation's Aus\$1 billion drugs bill.

Pharmacists currently receive a 25 per cent mark up plus a professional fee of Aus\$2.75 for each prescription they dispense. On average, pharmacists are paid Aus\$4.55 per prescription. The Labour Government of Australia has now accepted a proposal by the independent Pharmaceutical Remuneration Tribunal that the mark up should be scrapped and pharmacists should simply be paid Aus\$3.50 for each prescription dispensed.

Talking to *C&D* last Sunday at the BP Conference in Keele, Mr Plunkett said the average pharmacy dispensing about 2,000 prescriptions a month could lose around Aus\$25,000 a year out of an average annual income of Aus\$40-60,000.

Mr Plunkett said the government appears determined to bring in the new payments which are due to be introduced in three stages starting at the beginning of October. The only hope in sight for pharmacists seems to be a Labour defeat in the next election which has to be held within six months.

The financial blow is made all the harder for pharmacists to take because for the second year running they have come top of a Gallup-style poll gauging the public's perception of the credibility and ethical standards of a wide range of professionals. Pharmacists polled 76pc, with their closest rivals dentists at 68pc. Politicians and TV journalists were well down the scale.

## Campaign against freeze sprays stepped up

Friends of the Earth has stepped up its campaign against CFC-ingredient "freeze sprays" and says it will be writing to sports federations to persuade them to cease using the products.

FoE have called in England and Manchester United midfielder Neil Webb and sports commentator David Icke — who is also a spokesman for the Green Party — to back its campaign that Crookes' PR spray and Beecham's Ralgex Freeze spray should be withdrawn from sale.

FoE says that while some consumers are insisting that CFCs are drained out of their fridges, sports fans are unwittingly using as much in a freeze spray. The environmental group criticised Boots for making much of their CFC-free image after reformulating and Beecham for making much of their CFC-free images after reformulating toiletry products earlier this year. Fiona

Weir, air pollution campaigner, said: "Crookes should not get away with spending over a quarter of a million promoting chemicals with devastating effects on the environment. We've heard many fine speeches about Government concern. Action is long overdue."

Beecham Health Care point out that licensed medicinal products were specifically excluded from the Montreal Agreement which seeks to limit CFC-production because of the medicinal benefits and small volume compared to total CFC production. The company says that production started in June of cans carrying label information to the effect that Ralgex Freeze spray contains CFCs. The company says it is working hard to find a replacement for the product.

A spokesman for Boots said the company is trying hard to find an alternative for PR spray which does not use CFCs.



"They don't look that friendly to me..."

## PSNC shows small loss

The Pharmaceutical Services Negotiating Committee made a small loss after tax in the year in 1988-89. A deficit of £201 in the year to March 31 replaced a £61,000 surplus in the preceding year, but the departure of chief executive Alan Smith is largely responsible for the change in fortunes.

PSNC's annual financial report, published in the current issue of *PSNC News*, carries a figure of £116,950 under "compensation for loss of office". PSNC is making no comment on the figure, but it is presumably the sum paid to Mr Smith on his departure last August. PSNC's income and expenditure account looks set to move back into positive balance as Mr Smith's non-replacement works into the staff cost figures.

PSNC made an operating surplus of £2,114 (1987-88 £85,000). The general fund balance is just over £136,000.

## Gibbs asked to modify advertisement

Elida Gibbs have been asked to make "substantial modifications" to a Mentadent P toothpaste advertisement, following a complaint to the Committee of Advertising Practice from Colgate Palmolive.

The press advertisement featured an account of a three year trial among 3,000 children in the Lanarkshire area and claimed that Mentadent P's combination of fluoride and 0.5 per cent zinc citrate offered benefits in slowing down plaque regrowth, inhibiting tartar and fighting tooth decay.

Colgate-Palmolive asserted that the trial did not support the claims for plaque and tartar as it did not measure these factors by technically acceptable procedures.

The Committee concluded that the evidence was insufficient to support the claims made for the effect of the product on tartar.

They asked Elida Gibbs to remove any implication that the Lanarkshire trial established that the addition of 0.5 per cent of zinc citrate had a favourable effect on diminishing tartar and gum disease, and to ensure that any claims relating to plaque do not imply any benefit to health in this regard.

# TOPICAL REFLECTIONS

by Kraysner

## Time please?

Macarthy and others may have failed to have Unichem removed from the list of industrial and provident societies, but from the report of the Registrar after the case, it is clear he understands the situation, since he notifies Unichem they must not attempt to exploit their present status and should proceed with the flotation. In the meantime nothing is served by expulsion.

All the protestors have achieved is official recognition of Unichem's plan, which automatically puts a time limit on their friendly society format.

## Lipid sceptic

I hate to sound a bit sceptical about this business of lipid levels, but I am not at all convinced it is such a desperate matter. It seems to me some people have an hereditary tendency to levels higher than normal, despite dietary constraints. I also think it is only one risk factor, which although indicating potential problems, may not need direct intervention when other factors such as diet, exercise and lifestyle can be modified with greater happiness to the patient.

If we look at the reports on drug intervention, they look remarkably ineffective, don't they? As for the special polyunsaturated spreads and fats? So far as the margarines are concerned, they may be all right as lubricants, but I can't see the point of making highly complicated chemical substitutes for butter when excessive consumption is more the problem. Indeed I read a report in one of the Sunday papers which suggested polyunsaturates may actually be harmful, in that they encourage the transfer of cholesterol from the blood, where it serves as a source of immediate energy, to the walls of arteries — the very thing we are trying to avoid.



## Thanks

I fell out with a customer who bought a cheapie camera which gave trouble. I returned it to the agent who replaced it.

He came in again quite abusive. Never had a decent photo, etc. "You put a film through it!" he challenged. So I did. He was right, it was awful. I dumped it and, after a cooling off period, sweet-talked him into a reduced price Kodak compact.

Life is short, and I'm not going to run a feud over this sort of problem. By way of thanks he told me some lads had pinched sunglasses from my shop last week. Who were they? He didn't know! Couldn't say. I don't know how to thank him! Any suggestions?

## 67-man council?

Anyone who has ever served on committees will recognise the above as a sure-fire recipe for bumbling bumbledom. Irrespective of the issues involved, which are serious enough, Noel Baumber is absolutely right to draw attention to the ridiculous proposition of setting up a 67-man committee.

This committee is to take over the roles currently occupied by the National Association of Health Authorities and Society of Family Practitioner Committees which concerns us all more than we realise. So Mr Baumber's suggestion that it should be a neat 16-18 member body with direct professional representation is vital.

I would have thought every local pharmaceutical and medical committee must ask their family practitioner committee to have the matter discussed at their next meetings. We will never get any worthwhile feedback to Government in terms of local policy if it has to filter through a 67-man discussion. I suspect this is part of the plan to stifle effective criticism.

# HOW TO TURN CALCIUM INTO CASH

Today, more than ever, women are aware of the importance of calcium in their diets. And if there is one product that has spearheaded this awareness, that product is Calcia.

Well developed, well marketed and well promoted, Calcia has proved itself a winner.

You can't afford not to stock it.

  
English Grains  
HEALTHCARE

Park Road, Overseal,  
Burton-on-Trent, Staffordshire  
DE12 6JT Tel: 0283 221616



# COUNTERPOINTS

## Empathy deals

Johnson & Johnson are promoting their Empathy range of styling products with a consumer promotion beginning this week.

The 200ml hairspray in normal and firm hold, will be available at £1.19 with a price cut of 20p and there will be a saving of 30p on the rich conditioning styling mousse, which will retail at £1.49 for 150ml. *Johnson & Johnson Ltd.* Tel: 0628 822222.



## Inecto range is natural

Inecto have launched Au Naturel into their hair care range, available from mid-October.

The range comprises three shampoos (200ml £1.79) in peach, avocado and herbal variants. A conditioner to complement the range also comes in 200ml (£1.79).

The products come in a shrink wrapped outers of six (£6.24) say *Inecto Haircare*. Tel: 01 579 1221.

**De-solv-it** from Mangers is now available through the AAH Group of wholesalers. De-solv-it comes in two formulations, solution 1 for oily stains, solution 2 for protein-based stains. Available in outers of six, both retail at £1.69 for 100ml. *J. Manger & Sons Ltd.* Tel: 0933 410123.



## Fisons radiate to baths

Fisons are launching two bath products as line extensions to their Radian-B rubefacient range.

Radian-B mineral bath is available in both liquid and salt versions in polythene bottles which contain enough for 22 baths. Aimed at the core of Radian-B user, Fisons say the mineral bath variant is positioned as a product to "soothe away aches and pains in a relaxing

bath". Combined usage will be encouraged by positioning alongside the Radian-B range, they add.

The liquid comes in a 500ml pack for £1.79 and salts retail at £1.47 for 500g. The launch will be supported by regional television, Press and public relations campaigns, says the company. *Fisons plc, Consumer Health.* Tel: 0509 611001.

## RWS bring in full colour for soaps

RWS Fine Products have introduced full-colour packaging for their Montagne Jeunesse range of five French pure vegetable soaps.

The 100g soaps (£0.90) come in five extracts: lime, vanilla, magnolia, passion fruit and green apple. They are now packaged in complementary boxes which are fully biodegradable, says the company. The boxes are also marked with the BUAV and Vegetarian Society logos.

All of the bottled products in the range have also been given new labels which now carry full-colour illustrations of their main

ingredients. This is said to help the consumer to identify the product's natural ingredients.

The RSPCA is currently sponsoring a campaign with Montagne Jeunesse for "human volunteers" to come forward for future testing of products, say *RWS Fine Products Ltd.* Tel: 0280 704367.

## Distribution take-over

Dendron Ltd, Watford, have taken over the UK distribution of the following products manufactured by Fine Fragrances and Cosmetics Ltd.

Fade out, 60ml; high colour control cream, 30ml and 60ml; hands and feet pumice sponge and Hardy Amies. *Dendron Ltd.* Tel: 0923 229251.

## Dior team up for Xmas

Parfums Christian Dior are supporting their female and male fragrances ranges, Poison and Fahrenheit, with a £1.8m advertising campaign in the run-up to Christmas.

Poison will be featured on 30-second TV spots from November 29 to December 22 in selected areas and a Press campaign runs from now until Christmas in women's magazines. Fahrenheit goes on television in the peak weeks up to Christmas, as well as in cinema spots, and is featured in men and women's Press from now until November. *Parfums Christian Dior (UK) Ltd.* Tel: 0273 515021.

## Scholl stone for sore feet

Scholl have added a pure mineral chirophy stone to their footcare range, available from October.

The stone (£1.25) is said to be made only from natural minerals, selected for their abrasive qualities. It can be used for the removal of corns, callouses, and hard skin, says the company.

Packaging incorporates a light grey background colour with the traditional yellow and blue Scholl branding. The stone is available at a trade price of £9.39 for 12 packs. *Scholl (UK) Ltd.* Tel: 01-253 2030.

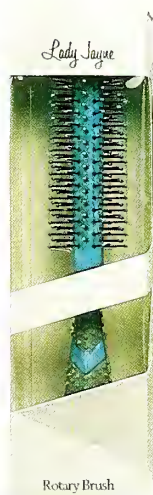




# Good Grooming

From Lady Jayne . . . a range of specifically designed brushes for the discerning customer.

Good grooming demands brushes of style — traditional rubber padded brushes, styling brushes, radial brushes, vent brushes, each presented in an attractive box.



Rotary Brush



Concept 3 Brush



Vented Brush



Rubber Cushion Brush



Rubber Pad Grooming Brush

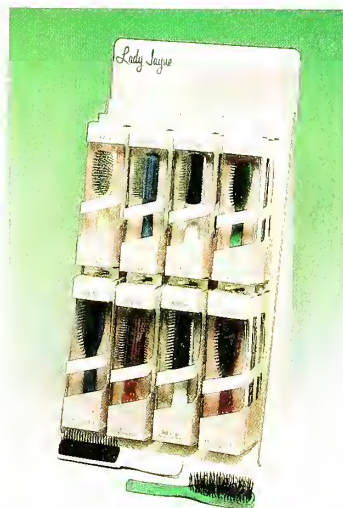


Pump Action Vent Brush

Boxed for safety and added hygiene, this pre-loaded unit comes complete with a comprehensive selection of 3 dozen brushes (24 on display with 12 back-up stock). For full details contact your local wholesaler, or for a full stockist list contact Lady Jayne.

Laughton & Sons Ltd., Warstock Rd.,  
Birmingham B14 4RT.

# Lady Jayne



## Ester-C from Booker

Ester-C, a supplement containing esters of vitamin C and calcium, has been launched by Booker Nutritional under the American Nutrition label.

Active ingredients are calcium ascorbate, dehydroascorbic acid and calcium carbonate. The tablets come in two strengths — Ester-C-60 (30 £1.59) contains 60mg of the complex equivalent to 240mg of vitamin C and Ester-C-250 (30 £2.69) is equivalent to 1g of vitamin C. Dosages range from one to four tablets daily.

Booker say Ester-C has a bioavailability four times that of ordinary vitamin C.

Trade prices are £5.53 for a case of Ester-C-60 and £9.36 for Ester-C-250 (both cases of six). *Booker Nutritional Products. Tel: 0932 336366.*



## Fahrenheit is celebrating

Parfums Christian Dior are celebrating the first anniversary of their male fragrance Fahrenheit with instore promotions.

A limited edition coffret containing 150g soap, and 50ml eau de toilette (£22.50) is on offer. Customers can enter a travel competition by November 6, by guessing the Fahrenheit temperature in three locations specified on a given date. The first prize is £2,000 towards a holiday booked through Kuoni, second prize is a set of Dior luggage and third, a collection of Dior fragrance.

Below the line activity and advertising in Sunday supplements, *Gloss* magazine in Scotland and the *Belfast Telegraph*, support the promotion. *Parfums Christian Dior (UK) Ltd. Tel: 0273 515021.*

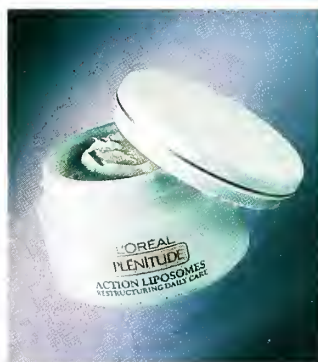
## Action Liposomes joins L'Oreal range

Action Liposomes is the latest skin care product in L'Oreal's Plenitude range.

The cream (£6.99) is described as a restructuring daily care cream. It was launched in France a year ago. The liposomes in the cream are said to be similar to the skin's own intercellular structure — it also contains polypeptide extracts, glycerol and almondermine.

A £2m advertising campaign is backing the launch with a 30-second commercial and advertisements in leading women's Press which will include sachet inserts.

Trial sizes of the product will be available (5ml 49p) and current



point of sale material for the Plenitude range will incorporate Action Liposomes. *L'Oreal. Tel: 01-937 5454.*

## Homoeopathic boost with French ranges

Biomed UK are introducing a large range of combination homoeopathic remedies by French manufacturers Lehning, Monal and Sibourg, and Swedish manufacturers DCG, strictly for counterprescribing by pharmacists, and prescription use, not for self-medication.

The company says that for doctors inexperienced in homoeopathy or for pharmacists unacquainted with the extensive homoeopathic pharmacopoeia, it is impossible to select a remedy without undergoing arduous study, with the practical result that an array of harmless homoeopathic remedies are lost.

In France, say Biomed, 25,000 pharmacists have all undergone homoeopathic training, and the French OTC combination products — tablets, infusions,

drops, creams, ointments — that will be available in the UK are all EC-registered products.

The ranges include 42 combination drops (Lehning, 20ml £4.37), eight combination tablets (Lehning, 80 £4.90), 25 specialities (Lehning, £2.37-£10.03), seven infusions (Lehning, 20 sachets £6.40), nine tonics (DCG, £5.20-£9.02), six special combination remedy tablets (DCG, 100 £4.60), eight special combination remedies (Laboratories Monal 60 pillules £5.82) and seven special combination remedies (Les Laboratoires Sibourg, £3.91-£12.88). Biomed say brochures including clinical trials details are available, and the products will be on show at Chemex next weekend. *Biomed UK Ltd. Tel: 0730 66790.*

## Nineties men put health before beauty

The man of the nineties is more concerned with his health than his looks according to the latest survey sponsored by the Pharmaton Information Bureau.

Conducted by Gallup, the survey questioned 911 men nationwide aged 16 years and over. It revealed that 49 per cent of men took care of their bodies for health reasons while only 25 per cent did so to look good.

The survey showed that men

are eating healthier and taking more exercise with over 40 per cent claiming to take vitamins, dietary supplements and ginseng.

Men also admitted to taking vitamins to combat stress.

Although the man of the nineties may be concerned with his health nearly a quarter of the men questioned, spent over an hour a day grooming. *Pharmaton Information Bureau. Tel: 01-930 6711.*

## Herbal relaunch

The Department of Health has granted reviewed product licences to eleven products from Booker Nutritional's Health & Heather range, which has been relaunched.

Bottles and packs have been redesigned and now come in 90 tablet sizes, retailing at £2.99. Licence numbers are: Becalm tablets 1713/5000R; catarrh tablets /5090R; celery seed tablets /5026R; indigestion and flatulence tablets /5064R; Inner fresh tablets (previously releaf) /5031R; Quiet night tablets /5021R; rheumatic pain /5064R; skin tablets (previously diuretic tablets). Feverfew catarrh pastilles (/508R) have also been granted full licences.

Licences for Heatherbron and balm of Gilead cough mixture are imminent, says the company. Packs now bear the Heath & Heather name in a green logo and the labels have an illustration of the active herbs in the product. An advertising campaign in health food magazines is underway. *Booker Nutritional Products Ltd. Tel: 0932 336366.*

## More slender

Two savoury meal replacements, in chicken and mushroom flavours, have been added to the Carnation Slender plan range.

Each serving is complemented with a crispy wheatmeal biscuit and provides a balanced meal with a calorific value 215 (mushroom)/216 (chicken). Each pack of four sachets and biscuits costs £1.99.

These feature in a advertising campaign running till November in women's slimming and general interest colour Press. Full colour point of sale support is also available. *Nestlé Health Care. Tel: 01-686 3333.*

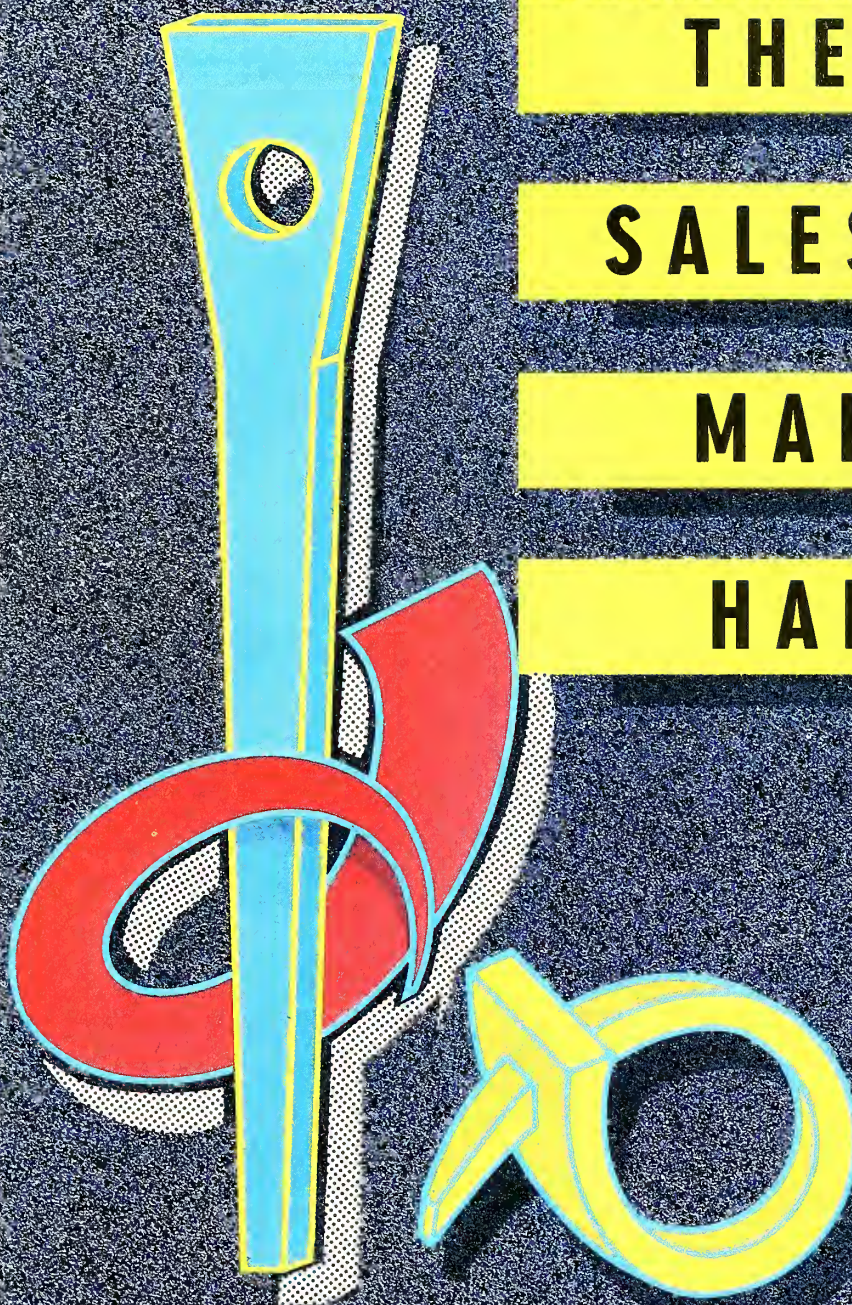
## Wake up

Micromark have added a clock radio and a digital alarm clock to their audio range.

The clock radio alarm (£12.99) comprises a two-band radio operating on mains voltage with the cord supplied. It also includes a snooze control and a sleep timer function.

The digital, dual alarm clock (£9.99) allows two separate alarm times to be set, says the company; it also includes battery back-up in case of power failure. *Distributors. BDC & Lightning. Tel: 01-881 2001.*

# THE KEY TO SALES THAT'LL MAKE YOUR HAIR CURL.



■ With new Grafic Twist 'n' Curl, your customers get more than the latest non-aerosol styling spray. ■ They also get forty styling keys, in two sizes, which will give them a field day experimenting with their locks. ■ They can be used in any combination for different effects. And your customers can change their look just as often as they like. ■ When we tested Twist 'n' Curl in consumer research, young, style-hungry women couldn't wait to use it. ■ Its launch comes alongside the second burst of Grafic's £1.6 million TV campaign. ■ And at the same time, we're offering extra-value packs of Grafic styling products. ■ With Christmas parties on the way, make sure you're well stocked up.



## GRAFIC

TWIST 'N' CURL

## THE RETAIL PHARMACIST MOVES UP FRONT...



Beanstalk can improve your profit opportunity, both up front and in the dispensary.

Over 35 years experience of the retail pharmacy market, a national network of professional consultants and a fast, efficient delivery and installation service makes the Beanstalk approach to shopfitting professional and profitable.

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0243 788111 24 hrs.

For a full colour brochure send this coupon to Beanstalk Ltd., FREEPOST, Chichester, West Sussex, PO19 2TZ

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**BEANSTALK**  
RETAIL DISPLAY SYSTEMS

CD 19/9

## COUNTERPOINTS

### Friendly offer

Lofthouse of Fleetwood have launched offers for the consumer and the trade to promote Fisherman's Friends this Autumn.

Three 1950s die cast model vehicles will be available to customers for £9.95 plus two proofs of purchase.

To match this the company is offering two free packets of Fisherman's Friends with every outer of 24 ordered. This means a profit of £0.66, says the company. The offer applies to original, aniseed or mint flavours. Lofthouse of Fleetwood. Tel: 039 172435.

### CHEMEX CORNER

### Prize draws

Unichem members will have a chance to win a total of £10,000 in a free prize draw at Chemex and all members who place an order at the exhibition will receive a free car telephone.

A joint promotion with Colgate will give Unichem pharmacists and their customers the opportunity to win a Vauxhall Nova. Customers need two proofs of purchase to enter while the pharmacist selling toothpaste to the winning entrant will also receive a free car.

Products from Peaudouce, Alberto, Cussons, Johnson & Johnson and Gillette shavers will be at "knockdown" prices throughout the exhibition and a "special challenge" will be revealed on the day. With every case of Peaudouce nappies ordered, members will receive 100 counter credit points free while two members will win £1,000 worth of video equipment in a competition.

Double counter credit points will be given on all October offer orders placed at Chemex. Gifts will be available on Pharmaton, Ever Ready and Unipath and there will be free Unichem teddy bears, cassettes and diaries.

New own brand products will be launched, together with details of Christmas promotion. In addition there will be computer demonstrations, details of interest-free shopfitting, free merchandising advice from Pharmacy Marketing Services and financial advice from Unichem's retail finance department. **Stand B9. Tel: 01-391 2323.**

A. Nelson & Co Ltd are launching a red carousel at Chemex for their homeopathic remedies. The carousel will be available at a show price of £99, giving profit on return of 60 per cent. **Stand F1. Tel: 01-946 8527.**



### Showerfresh for men

Nicholas Laboratories are launching Radox Showerfresh deodorising hair and body shampoo for men, this week.

The launch, say Nicholas, is designed to bring the strength of Radox Showerfresh into the fastest growing sector of the £27 million shower gels market — shower gels for men. This sector, which holds 20 per cent of the total shower gels market, is growing at 44 per cent, well ahead of the total shower market's 32 per cent growth rate, the company says. The male shower gel market is worth £5.1m and Nicholas expects its value to reach over £6m by the end of the year.

Showerfresh for men (258ml

£1.59) offers natural refreshment and an effective deodoriser in a mild formulation to gently cleanse hair and body, say Nicholas. It comes in a distinctive, new-design, opaque blue hooked bottle. *Nicholas Laboratories Ltd Toiletries Division. Tel: 0753 23971.*

### Definition

Polaroid's Definition is their first non-instant film.

It will be available in the popular formats, speeds and exposure lengths. High Definition chrome film for colour slides will be available in 36 exposure with a ISO of 100.

Example prices for the new range show that the 36 exposure 100 ISO film will retail at £3.49 and the 24 exposure at £2.79.

POS material and consumer advertising will support the launch and a promotion involving the NSPCC will run to the end of the year. *Polaroid (UK) Ltd. Tel: 0727 59191.*

### Hot touch

Carmen's new heat massager Bodyheat (£22.95) can be used for pre-sport warm-up, after sport to relax muscles, or for aches and pains.

The massager and heat pad work independently with two levels of vibration. Five applicators for the different areas needing attention are supplied and are released with a push button. A fitted plug will be provided, say *Pifco Salton Carmen. Tel: 061 681 8321.*

### ON TV NEXT WEEK

GTV Grampian  
B Border  
C Central  
CTV Channel Islands  
LWT London Weekend  
C4 Channel 4

U Ulster  
G Granada  
A Anglia  
TSW South West  
TTV Thames Television  
TV-am Breakfast  
Television

SK Sky  
STV Scotland (central)  
Y Yorkshire  
HTV Wales & West  
TVS South  
TT Tyne Tees

Andrews Answer	Y
Dimension	All areas except LWT, TTV & TV-am
Listerine:	All areas except CTV, U, STV, C, HTV, CTV, TSW, TVS
Minalex	TV-am
Nurofen:	All areas
Panadol:	All areas
Pearl Drops:	STV, C
Signal toothpaste:	All areas except TV-am
Sure deodorant:	All areas except LWT, TTV, HTV, TVS, & TV-am
Tampax:	U, STV, BT, G, Y, C, HTV, TSW, TT
Togs:	All areas
Vosene:	All areas



**FREE**  
 In the coupon and we will send  
 you a free K-Y Jelly self assembly  
 display unit (pictured below)  
 and to Airport Packaging, Junction Estates,  
 Lock Road, South Norwood, SE25 5LX.  
 COMPANY NAME  
 ADDRESS  
 POSTCODE  
 Mates  
 Mates (3) CONDOM  
 Mates (3) CONDOM  
 Mates (3) CONDOM



**Mates**  
 3 CONDOMS  
 STRONG, SAFE AND  
 NATURALLY SENSITIVE  
 spermicidally lubricated with NONOXYNOL-9  
 You make love  
 Mates

# Keep your profits in sight

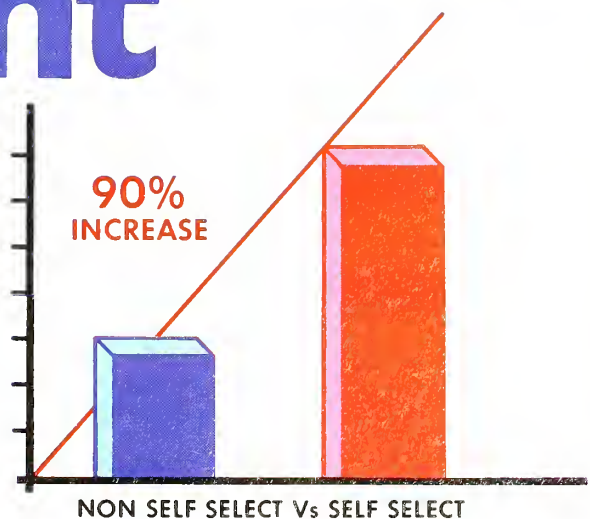
Make K-Y\* Jelly available for self selection by your customers and watch your cash rate-of-sale increase by 90%.

This staggering 'fact' has been revealed by a recent Nielsen research study.<sup>1</sup>

Research also revealed that if your customers can see and select both sizes of K-Y Jelly, they will trade up to the larger size and more than double the rate-of-sale for the 82g pack.

And now Johnson & Johnson are helping to show **you** the best way to keep your profits in sight – claim your Free K-Y Jelly display unit **now**.

<sup>1</sup>Source: Nielsen Special Analysis, March 1989 \* Trademark



## Kanebo turn to nature for Autumn

Kanebo are turning to nature for their latest range of Autumn colours.

The range comprises two harmonies, the warmer of the two contains bio-eye colours (£5.25) in moss green, dark lilac and pumpkin; coral red cheek colour (£5.95) and bio-lipstick in russet tones (£13.50).

The cooler collection comprises pearl rose eye shadow (£5.25); light rosy bio-blusher (£5.95) and wine lip shades (£13.50).

The whole range is available in separate godets which can be brought together to form sets, say Kanebo. Tel: 0635 46362.

## More Mavala nail care for less

Mavala are continuing to promote their nail care range with a repeat of the three for the price of two consumer promotion launched earlier this year.

The offer includes: colourfix top coat plus 002 base coat with free mavaderma; 002 base coat plus nail polish dryer with free colour fix, and cuticle remover plus colourfix with free 002 base coat.

All products come in 5ml bottles and each pack retails at £4.95. The offer closes at the end of September.

Mavala have launched a radio advertising campaign to promote the offer. It is due to break on September 18 and will run for three weeks on Capital Gold. Mavala Laboratories Ltd. Tel: 0732 459412.

## All change at Griptight

Lewis Woolf products have ceased trading under the Nursery brand name and from this month all products will be sold under the Griptight logo.

Products in the range include baby pants, Binky disposable bibs, a juice feeder, clean and carry capsules, freeflo starter packs and nursery wipes. Lewis Woolf Griptight Ltd. Tel: 021 414 1122.



## Bubbles join the Numark range

A moisture cream bath, available in four variants, has been added to the Numark range.

The bath is said to have a moisturising skin formula and comes in magnolia, spring

flowers, woodland fern, and peach.

One litre packs (£0.99) give a profit on return of 25 per cent and are available in unit packs of six. Numark. Tel: 0985 215555.

## Weleda cough elixir now on offer

From October Weleda cough elixir and herb and honey elixir are on offer, together with three other Weleda elixirs.



The offer comprises three parcels all including cough elixir, herb and honey elixir and sandthorn elixir. Parcel A is made up of 18 by 100ml cough elixir; 12 by 200ml cough elixir; 12 by 200ml herb and honey cough elixir and 6 by 200ml sandthorn elixir. The trade price is £59.89, with a profit

on return of 40 per cent.

Parcel B comprises 24 by 100ml cough elixir; 18 by 200ml cough elixir; 18 by 200ml herb and honey cough elixir, 6 by 200ml sandthorn elixir and 6 by 200ml birch elixir. The trade price is £84.31 with a profit on return of 45 per cent.

Parcel C offers 53 per cent profit on return (trade £101.28). It comprises 36 by 100ml cough elixir; 24 by 200ml cough elixir; 24 by 200ml herb and honey cough elixir; 6 by 200ml sandthorn elixir; 6 by 200ml birch elixir and 6 by 200ml blackthorn elixir. Weleda. Tel: 0602 309319.

## New label

Weleda have redesigned the label on their mouthwash with a new red and green design.

A matching red and green display outer has been introduced to match the label. The mouthwash comes in trays of six along with the new display outer (trade £8.52).

It is packaged in 50ml bottles (£2.45) and is said to be completely free of artificial or synthetic substances. Weleda UK. Tel: 0602 309319.

Healthcrafts Compleat cod liver oil capsules now comes in a 30 day pack for £1.69 (6, £5.88 trade). Booker Nutritional Products Ltd. Tel: 0932 336366.

## New look for Barielle nail range

Pearl Glow have repacked their Barielle nail fitness programme range, although the traditional Barielle stripe of colour remains intact.

Original cylindrical pots have been replaced with glossy cream boxes with a symbol to illustrate the product's application.

The new packaging fits perfectly onto the existing merchandiser, says the company.

Pearl Glow recommend orders which include all of the lines in the range at a trade price of £153.20. Pearl Glow Ltd. Tel: 0732 462816.

## Tissue rate

AAH Pharmaceuticals have launched a 12.5 per cent discount rate on the four Vantage own label paper products starting this week.

Members ordering four or more outers of the Vantage tissue products, including one outer of Vantage cosmetic tissues in peach (VAN 233J), will qualify for the discount.

The offer runs from Monday until November 10. AAH Pharmaceuticals. Tel: 0928 717070.

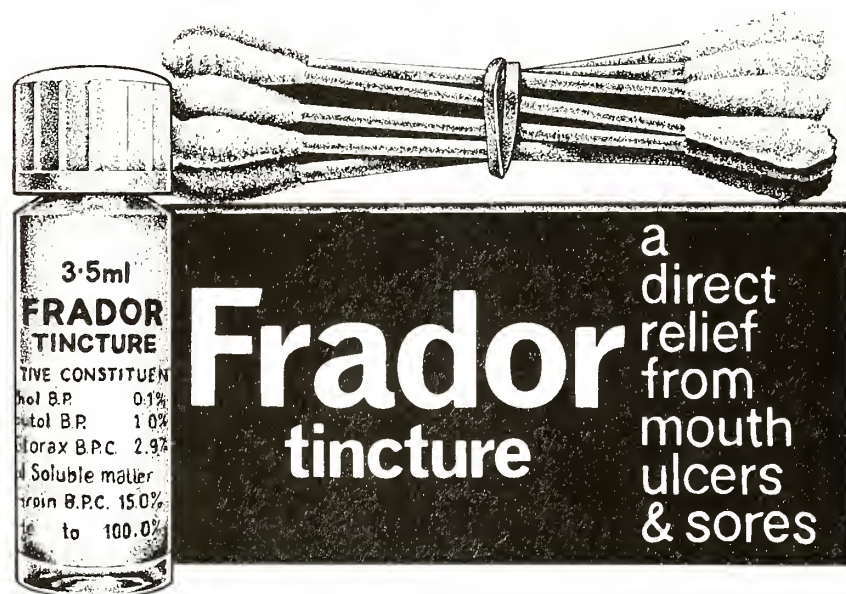
## Safe Plax

Unichiff have introduced a safety seal for Plax, to make the product "tamper-evident."

All Plax bottles now carry a white and red plastic seal round the cap and neck of the bottle. It comes in two sizes, 250ml (£1.95) and 490ml (£2.70). Distributors Foodbrokers Ltd. Tel: 0705 219900.



# Your customers will be down in the mouth if you don't stock up with Frador



Mouth ulcers are a sore point with many of your customers. Frador is the solution, so stock up now. Order from your usual wholesaler, or, direct from the Pava Sales Office on (0929) 425266 or Fax (0929) 427165.

## Joytime suits for Winter

Joytime Continentals have launched a range of snow suits for Autumn and Winter.

The range comprises all-in-one and two piece suits. The all-in-ones comes in two variants; a pale pink padded suit (starting at £14.99) with neck stud fastenings, zips on each side, detachable booties and a matching hood.



This is matched with a darker pink, showerproof all-in-one (starting at £14.99) with a nylon padded lining in dark blue.

The two piece range consists of a pastel green suit with pink brushed cotton lining (starting at £18.99), comprising dungarees and jacket in sizes 12 months to two years.

A two piece suit with matching tartan shirt (starting at £18.99) complements this, along with dungarees, braces and a double breasted jacket. The suit is available in sizes 9-12, 12-18 and 18-23 months.

All suits are said to be machine washable. *Joytime Continentals Ltd.* Tel: 01-278 4433.

## Heating up

Diplex have launched a thermometer for microwave ovens, which is said to have a temperature range from 20° to 100°C.

The thermometer (£8) is produced in West Germany, where it is already on the market. It is described as hygienic, waterproof and washable.

It has a stainless steel probe and a clear dial with bold numbers for easy identification.

Packaged on a display card with Euro-hole, the thermometer comes with instructions for use and table of recommended temperatures. *Diplex Ltd.* Tel: 0923 31784.

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All packages are available individually or as a totally integrated system, on single user or multi-user computers. Up to 99 branches can be supported.

Why not see for yourself? A complete range of systems will be on show for you to examine at our regional pharmacy seminars which will take place throughout October. Call us for details.

Call: DEDICATED HEALTH CARE SYSTEMS  
on 0202 631815  
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on 0403 210808



## Early Bird that gets the eggs

Kent Pharmaceuticals are extending their range of diagnostic products with an ovulation home test.

Early Bird contains five tests (£12.95) to detect the surge in luteinising hormone which indicates that ovulation is occurring. Each test has a built-in colour comparison control pad for precise reading of results.

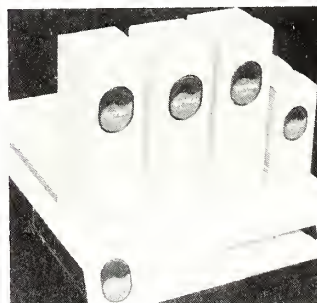
The test takes about 25 minutes from start to finish and only the pad nearest the tip on the test stick changes colour to blue if positive.

The result of each test is retained for the rest of the test and gives a build-up of information which will confirm whether ovulation has taken place, says the company. *Kent Pharmaceuticals Ltd.* Tel: 0233 638614.

## Nivea is on display

Smith & Nephew have introduced a shelf organiser and leaflet dispenser to display the Nivea sun care range.

The units are made from white styrene and branded with the recently redesigned Nivea logo. There are four separate channels for the "For the Face" range. A pocket to hold leaflets is situated at the bottom of the unit. *Smith & Nephew.* Tel: 0482 25181.



## Verify launch test kit for water

Verify are launching the first of a range of home diagnostic kits designed, they say, to help people monitor environmental conditions. The first two kits called Aquatest, allow people to test nitrate and aluminium levels in water and will be available from the beginning of next month.

The tests are colorimetric and based on those used in laboratories, with different colours corresponding to different concentrations of the chemical under test. Verify say the first two tests, for example, will allow people to determine whether the concentration of aluminium or nitrate in their tap water is below or above the EC maximum permitted limit. Other kits the company hopes to launch include those for pH, water hardness, copper and fluoride.

Each Aquatest water test kit for aluminium and for nitrate contains materials for four tests — two tablets for each test, test tube with cap, stirring rod, instructions, and colour chart to compare the test solution to give an indication of the concentration of the chemical under test. Each test takes about 12-15 minutes to perform, say Verify.

The kits have a suggested retail price of £3.99 each and come in merchandisers containing 12 packs. An A3 point of purchase leaflet is also available. A public relations campaign is planned to support the launch.

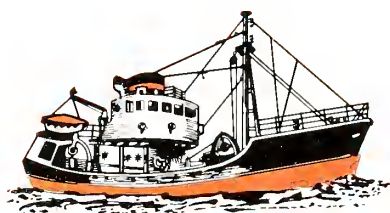
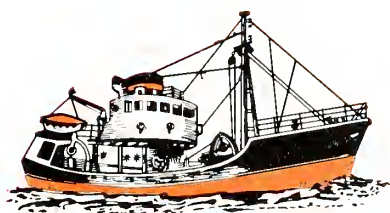
Verify say Boots plan to sell the tests from the beginning of next month in 200 of their larger stores. It is hoped a distributor will soon be appointed but in the meantime the tests can be ordered from *Verify Ltd.* Tel: 01-225 2828.

## Easy on starchy new image

Whitehall Household Products have repackaged their Easy On spray starch to "appeal to a new and younger group of starch users".

The size of the pack has also been increased to 300ml (£0.95) and now sports eye catching graphics in bright colours, say *Whitehall Household Products.* Tel: 01 636 8080.

# **SIXTY SIX PENCE** **EXTRA PROFIT WITH** **EVERY SPECIAL OUTER OF** **FISHERMAN'S FRIEND.**



**(THAT'S TWO FREE SALES.)**

You can count on 66p extra profit with every special outer of Fisherman's Friend you order during our autumn promotion. Instead of 24 packets, we'll give you 26. This applies whether you're buying in Original, Aniseed or Mint. The

popularity of Fisherman's Friend has rewarded us with exceptional distribution. Now we're rewarding you. Our long count promotion guarantees two free sales with every outer. What better incentive to stock up for the winter months?

# SCRIPT SPECIALS

## Iodosorb ointment

Perstorp Pharma have introduced an ointment formulation of Iodosorb for the treatment of leg ulcers.

The ointment contains iodine 0.9 per cent w/w presented as sterile cadexomer iodine, a modified starch gel microbead. Like Iodosorb granules, the ointment absorbs pus and exudate, cleans the wound surface and reduces the bacterial count. In chronic ulcers it stimulates granulation, reduces pain and accelerates healing, says the company. The ointment formulation improves ease of application on awkward wound sites, they add.

The ointment should be

applied to a depth of about 3mm. Up to five tubes can be used in a single application and not more than 15 tubes should be used in a week.

The preparation should be changed three times a week or when the ointment has become saturated with exudate, which is indicated by loss of colour. At each dressing change, any Iodosorb remaining should be washed from the wound with sterile water, saline or wiped with a sterile swab. Treatment should not exceed three months.

Side effects and warnings are as for other iodine containing preparations, see Data Sheet. Iodosorb ointment comes in 10g tubes (4 £17.40, trade) for single use only.

It is a Prescription Only Medicine and the product licence number is 3863/0004. Perstorp Pharma Ltd. Tel: 0256 477868.

## Losec's new indication

Omeprazole, the proton pump inhibitor marketed as Losec by Astra Pharmaceuticals, can now be used to treat erosive reflux oesophagitis.

The recommended dose for this indication is 20mg once daily for four weeks. For lesions not fully healed after the initial course, healing usually occurs after another month's course. Losec has also been used in a dose of 40mg once daily for reflux oesophagitis refractory to other therapy, with healing occurring in about eight weeks.

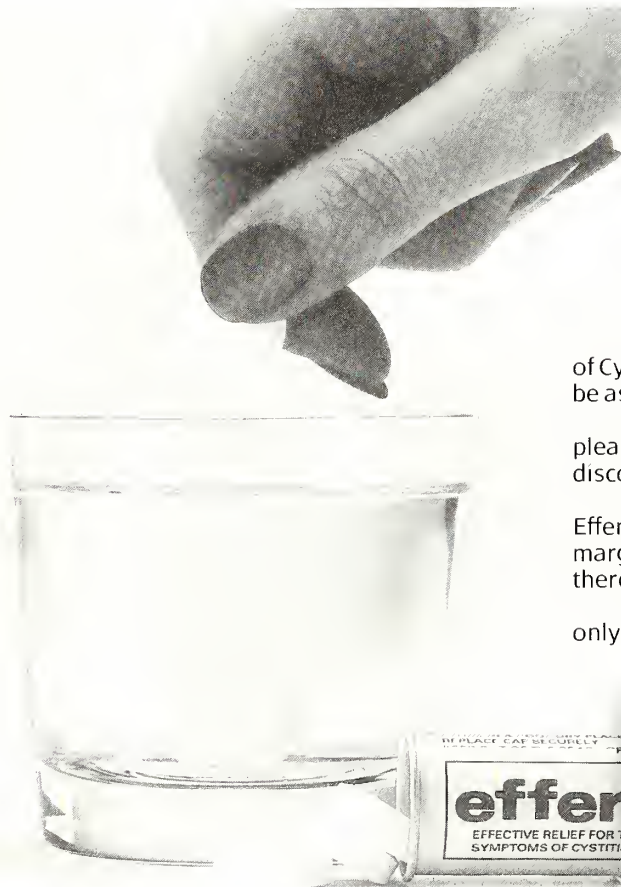
Astra say the drug produces rapid relief from symptoms, and in a 20mg once daily dose, is more effective in producing relief and

healing of erosive oesophagitis than are ranitidine 150mg twice daily or cimetidine 400mg four times daily. Astra Pharmaceuticals Ltd. Tel: 09277 66191.

### BRIEFS

**Wellcome** have introduced an 11 pack of sugar-free Calpol infant suspension for £4.32 (trade). Calpol infant suspension has also been reduced to the above price. Wellcome say that the price of the 11 packs is equivalent to the Drug Tariff price of paracetamol suspension and they should be used when dispensing prescriptions for Calpol. Wellcome Foundation Ltd. Tel: 0270 583151.

**Tenormin** 25 is available from September 18, not as indicated last week (*Script specials* p390). Stuart Pharmaceuticals Ltd. Tel: 0625 535999.



## The Powerful Partnership for Cystitis Relief

One in two women suffers the burning, stinging pain of Cystitis at some time. They want relief fast – and they'll be asking for Effercitrate.

Effercitrate tablets dissolve in water to make pleasant, effervescent, alkalising drinks which ease the discomfort of passing water.

Effectiveness and an economical price make Effercitrate very appealing to your customers, with margins that offer you up to 60% profit. And this Autumn there's advertising to increase your returns.

Stock and recommend Effercitrate – the pharmacy-only Cystitis relief that's a powerful partner for sales.

For further information contact Typharm Ltd  
14 Parkstone Road, Poole, Dorset BH15 2PG

**SPARKLING RELIEF FROM CYSTITIS**

# **FISHERMAN'S FRIEND**

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# **WILL BE MOVING**

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# **FASTER THAN EVER**

---

# **THIS WINTER.**

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**(WE'RE OFFERING THREE SETS OF WHEELS.)**

The offer from Fisherman's Friend of three 1950's die cast model vehicles will be driving customers to your door, this winter. For £9.95 plus two proofs of

purchase, they can send off for this highly outhentic 00 scale collection. Make sure you stock up well with Fisherman's Friend. Business will be motoring.

# POSTBAG

## A 'parallel' response from the API

May I be permitted to respond simply to the factual inaccuracies that were contained in the letter you published from Marcel Hamilton of Stepfar (UK) Ltd in your September 2 edition. I am referring specifically to his observations on allegations of misconduct on the part of certain Association of Pharmaceutical Importers members.

The API has in existence a disciplinary committee and any complaints which are received by the Association are reviewed by that body. As is customary practice, the disciplinary committee requested further details of the specific complaint, as the evidence that was initially lodged was circumstantial only. The further particulars that were requested had to be of such depth and nature that they would withstand investigation by an independent arbitrator. Unfortunately the further information was not made available by Stepfar and accordingly the independent arbitrator would not accept such evidence as was available, and in consequence all parties were invited to re-state their case for complaint against the member API company. Stepfar never responded to this request.

The complaint lodged by Eurochem at the same time was not against another API member, but rather against the same member as that complained by Stepfar; unfortunately as Eurochem sat on the disciplinary committee that company was advised to withdraw the complaint and have it re-stated by another API member. It was for this

reason, and this reason alone, that Eurochem withdrew their complaint which was subsequently taken up by another API member, Doncaster Pharmaceuticals.

The above facts do, I submit, tend to result in a significantly different emphasis upon the comments made by Stepfar and I concur with Marcel's invitation to readers to draw "their own conclusions from these events".

Finally, I once again invite Stepfar to join the Association thereby assisting us in achieving our objectives as stated in the article that appeared in your pages recently. I am sure that he, as a European, would agree with me when I say that change is more effectively achieved from within than sniping from the outside.

John D. Barker  
Chairman, API.

## No 'me too' from Fisons

I write in reply to your article "Me too!" by Xrayser in last week's edition of *Chemist & Druggist*. The formulation hexamine and sodium acetate is no longer recommended in the treatment of cystitis (see BNF section 5.1.13) therefore we had no alternative but to reformulate Cystopurin. However, rather than produce a "Me too" product, Fisons Consumer Health have drawn on over 20 years of experience in the cystitis market and taken this opportunity to upgrade Cystopurin which has resulted in changes, not only in the formulation, but also in packaging.

In its new potassium citrate presentation Cystopurin is most definitely not another "citrate look-alike". Cystopurin is

therefore the only low sodium based (branded) OTC product, unlike Cymalon, Cystemme and Cystoleve, which all use sodium citrate as their active ingredient. Cystopurin's low sodium content must therefore make this product the preferred solution to the problems of cystitis, especially when current recommendations are to reduce the sodium levels in the diet (NACNE 1983, COMA 1984).

We at Fisons Consumer Health strongly believe that Cystopurin now offers a reliable alternative to other brands, providing not only a fast and effective treatment for the symptoms of cystitis but also a low sodium formulation.

B. Atkinson  
Managing director, Fisons Consumer Health.

## Help for sales reps

There must be many people who are unaware of the existence of The Royal Pinner School Foundation, a trust which gives financial help, by means of grants and termly awards, with the educational expenses of the sons and daughters of sales representatives where the family has suffered adversity, perhaps through bereavement, sickness or unemployment.

The majority of children assisted attend local state schools, colleges of further education or universities and help is given towards the cost of school clothing, books, tools school trips, field courses, music, etc. Fees are met fully or partly where private day or boarding education is considered necessary.

If any of your readers would like to have further information I would be pleased to send them, on request, a copy of our leaflet. They should write to The Royal Pinner School Foundation, 110 Old Brompton Road, London.

S. Thurtell  
Secretary

## Cabinet tips?

Perhaps the National Pharmaceutical Association could market a lightweight, lockable, compact medicine cupboard. It could be packaged with hints and tips for the public from their local pharmacist?

R.Z. Shah  
Luton



AAH trade show prizewinning pharmacist John Pool (left) receives the keys to his new powerboat from Roy Castle (centre) and AAH Pharmaceuticals managing director David Taylor (right) — see also People on page 462



# CHECK IT OUT



## £50

Printed Logo



## £100

Hologram Logo



## £250

# TAKE A CRITICAL LOOK AT SHAKESPEARE.

(How to recognise cheque guarantee limits.)

To guard against fraud, and serve your customers quickly, you'll need to take a critical look at the Shakespeare logos on cards which guarantee cheques.

You'll find these Shakespeare logos on cards issued at the existing £50 limit and at new limits of £100 and £250.

Check out these points:-

- The majority of cards you accept will continue to provide a £50 guarantee as indicated by the printed logo.
- The new silver £100 hologram logo will be located on the front or back of the card and offers a £100 guarantee facility.
- The new gold £250 hologram logo will appear on the front or back of the card and will offer a £250 guarantee facility.

Apart from the old style £50 card (which is being phased out by the end of September 1990) the common theme will still be Shakespeare. Although there are new limits, acceptance procedures remain unchanged.

To receive a free poster explaining these changes, fill in your details in the space provided.



Name

Position

Company

Address

Postcode

Number of free posters required

☐

Please complete the coupon and return it to: Mr. Michael Young, APACS, Ralton Direct, Stephenson Road, Groundwell, Swindon, Wiltshire SN2 5AN.



# CHECK IT OUT





# Scholl go from strength to strength

The Scholl business was started in 1894 by Dr William Scholl at the back of a small shop at 275 West Madison Street, Chicago. Initially he sold only arch supports made of leather and metal which he made himself and fitted to foot weary patients. In 1908 Dr Scholl asked his brother, Frank, to set up an operation in the UK.

The company was founded on four basic operating principles: meticulous research and development, quality production, effective marketing and committed customer service.

This philosophy led to the creation of the comprehensive footcare range, the pioneering development of compression hosiery in 1936, the launch of the exercise sandal in the 1960s, the introduction of lightweight fashionable support hosiery and, ultimately, to the dominance of Scholl as the experts in foot and leg health care.

In 1979, the company was acquired by Schering-Plough, a US pharmaceutical and consumer products company, and the development of the Scholl brand continued in the UK and around the world.

## New ownership boost

But it was the acquisition of Scholl by European Home Products, a UK based retail and consumer products company, in 1987 which set the stage for a new era for Scholl Consumer Products. In the last two years the commitment to the founding principles have been strengthened with the progressive relaunch of the core Scholl businesses of footcare, hosiery and health footwear backed by product improvements, new packaging and comprehensive advertising and promotional support.

Today a quiet revolution is taking place at

Scholl Consumer Products as the company lays the foundations for the future expansion.

A new head office is currently under construction near the M1/M25 interchange just north of London. Negotiations are complete for the building of a new footcare manufacturing site at Derby and the hosiery production unit is being extended with a new location near Nuneaton.

These new facilities, which together with the current state-of-the-art warehouse

operation at Northampton, will enable Scholl to continue and improve their service to the pharmacy trade, and handle planned growth.

This growth will come from two major thrusts. Firstly, the continued development of the Scholl foot and leg care business through new product innovation and heavy promotional support. Secondly, by acquiring and licensing healthcare and personal care brands that fit the needs of the pharmacist and are synergistic with Scholl sales and marketing strengths.



Ray Thomas

## Ray Thomas, md — the driving force

Ray Thomas, managing director of Scholl Consumer Products, joined Scholl some 29 years ago as management trainee. He left the UK group in 1980 to head up the Schering-Plough International Marketing Group, before being appointed managing director of Scholl Consumer Products in 1985.

Mr Thomas has seen the company grow through the traditional values of integrity, commitment and hard work which built Scholl to be the world leader in foot and leg health under private ownership. When the company was acquired by Schering-Plough in 1979 better controls and contemporary business systems were added to this traditional culture. The purchase of Scholl by European Home Products in 1987 gave Ray Thomas the final ingredient to grow the business — entrepreneurial freedom.



Andrew Chater

The sales and marketing team set to take Scholl into the future is headed by Andrew Chater, marketing director, and sales director Stephen Shearing, who manages one of the leading sales organisations to service the pharmacy trade and is committed to ensuring that his customers receive the best level of service. He believes that an effective business relationship between the pharmacist and the company is the cornerstone of future business growth. Recently appointed business development manager Andrew Edyvean, is responsible for identifying and building new product opportunities.

Commenting on the new business division, Andrew Chater, said: "The strategy of the division is to identify business opportunities as yet unexploited by the chemist trade, or products currently in the distribution channel but in need of more effective and focused sales and marketing activity."

Scholl believe that working with other major companies allows access to product development and technical resources in new business areas which can be effectively combined with their own sales and marketing skills to produce significant incremental sales for both the pharmacist and the company.

## Four brands added to new product portfolio...

Scholl Consumer Products have signed an agreement with Bayer Pharmaceuticals which gives Scholl the responsibility for the sales, marketing and distribution of leading brands Natrena, Limmits, (under licence from Pfizer), Sionon and Autan. This significant development is in line with the company's strategy of broadening and further strengthening its healthcare portfolio with product ranges which complement the current core business of footcare, support hosiery and sandals. These four well known brands join Coppertone and Vita Fiber in Scholl's new products division.

### Natrena to sweeten...

The market value for sugar substitutes increased nearly three fold between 1980 and 1988 to £32m. Over 20 per cent of the adult population use sweeteners and over two-thirds of these use sweeteners daily often.

This market offers significant potential for the pharmacist that cannot be ignored.

Natrena, the number one table top sugar substitute in Europe, contains special ingredients providing a unique modified saccharin that offers significant taste advantages to the consumer as well as value for money, a fact that some consumers have not been slow to pick up on. Scholl plan to ensure that these loyal users increase in numbers over the coming years.

### Limits to aid slimmers...

The market value for meal replacement products is currently valued at around £10m. Approximately 11 million women in the UK are slimming at any point in time — that is 50 per cent of all women. Convenient diet products are used by a wide spread of ages ranging from 16-54 years.

Scholl believe that Limits is the strongest brand name in the slimming market. While many other brands have come and gone, Limits has maintained its authoritative position as a successful slimming aid. With an effective and consistent development programme being planned, the brand looks set to grow its market share.

### Sionon for diabetics...

There are around 800,000 diabetics in the UK, equivalent to approximately 1.5 per cent of the population. The specialist diabetic foods

market is valued at around £15m, allowing diabetics to broaden the range of foods which would otherwise be forbidden to them.

Sionon is the number one branded diabetic food range in the UK and Europe and has been available for over 50 years throughout Europe. Scholl believe that there are significant opportunities to widen the existing range to help pharmacists capitalise on an underdeveloped market.

### ...and insect repellent Autan

The market value for insect repellents is currently estimated to be worth approximately £3.5m at RSP. From 1985 to 1987 the market value doubled with a significant increase in people using insect repellents as a result of the investment in marketing support behind the Autan brand.

Autan was the first product of its kind in the market place. The leading position then gained has allowed the brand to stay ahead of its competitors with product innovations and to drive the substantial market growth. Bayer is the world authority in insect control and Scholl will continue to benefit from their expertise to ensure continued market growth with safe, effective products. Autan currently holds a 52 per cent brand share. The packaging is eye-catching with a strong on-shelf presence.

The company is currently working on existing sales and marketing plans for 1990 and growth prospects look excellent for both Scholl and the pharmacist.





## IF YOU'RE STILL NOT A UNICHEM MEMBER, THIS IS SURE TO GIVE YOU ITCHY FEET.

A massive 60% POR on Mycota athlete's foot powder, cream and spray? That's a mean feat, even for us. And when you order the specially designed dispenser, the spray comes free.

Needless to say, we're expecting a huge demand from all our members. But then, we're getting used to it by now. Because no one else's discounts quite come up to scratch.



UniChem Limited, UniChem House, Cox Lane, Chessington, Surrey KT9 1SN. Tel: 01-391 2323.

The growth market for pharmacy at present is mouth fresheners, according to Nielsen Market Research, where the launch of Plax into an increasing market saw real incremental growth with sales for May/June up 156 per cent in pharmacies compared with 82 per cent in drug stores on the same period last year, this is put down to the near 100 per cent pharmacy brand distribution Plax achieved.

Conversely, the worst pharmacy performance was in baby milks where sales dropped 15 per cent with grocers showing a significant 36 per cent increase (all Nielsen data in this article excludes Boots).

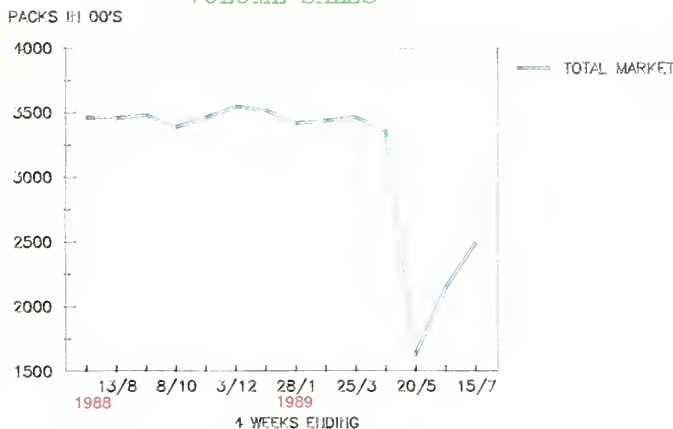
Babyfood sales from Nielsen Scantrack for the four weeks ending May 20 show the disastrous effect in grocers of the contamination scare which knocked over 56 per cent in value

because manufacturer involvement enabled suspect stock to be removed from sale and replaced with new packs more quickly in grocers than pharmacy.

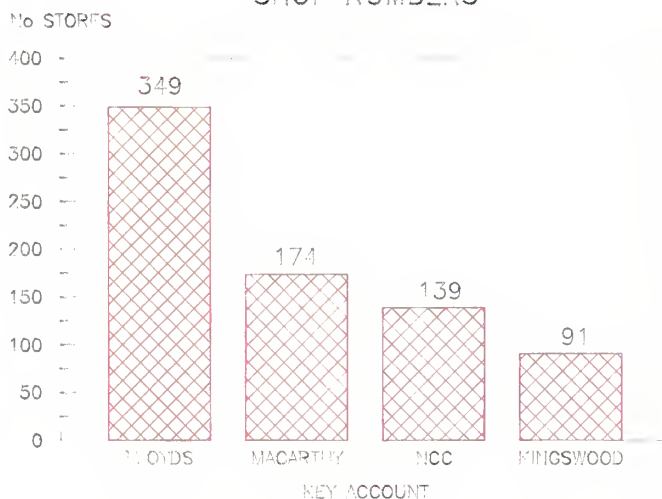
While the recovery speed of wet foods varied by brand, dry baby foods "took off" throughout the trade in the aftermath of the scare.

However pharmacies are performing better than their grocer counterparts in the disposable nappy market where sales are up 46 per cent for the period, double the grocery increase. This is due to pharmacies catching up with the ultra-absorbent trend which took off better in grocers. A similar pattern is predicted for the him/her packs, with grocers leading the way, but with little scope for the pharmacy to catch up this time because they do not

## NIelsen SCANTRACK BABYFOOD VOLUME SALES



## PHARMACY KEY ACCOUNTS SHOP NUMBERS



# Real growth for mouth fresheners

**Babyfoods: Grocery sales recover better than pharmacy after contamination scare, say Nielsen**

and 52 per cent off expected pack sales from total market, resulting in sales figures of £60,000 and 160,000 packs respectively, in their sample of major grocers (see chart).

These figures are reflected in May/June sales figures for strained junior and instant baby foods which show pharmacy sales down 2 per cent compared with a 16 per cent increase for grocers. Nielsen say grocers fared better

have the shelf space to carry the doubling up of stocks the concept requires.

But in the baby care market overall grocers show inflation-balanced growth of 11 per cent compared with 4 per cent of pharmacy. In the haircare market the grocery advantage is reduced, say Nielsen, with grocers up 9 per cent in May/June and pharmacy 6 per cent.

In the conditioner market

pharmacy sales are ahead at 19 per cent versus 16 per cent. Nielsen say this is due to niche marketing of conditioners for permed hair, for example, where consumers are likely to seek the specialist advice available in pharmacies. Growth is still being fuelled by gels and mousses.

In the setting sector Nielsen says pumps have only got a 1 per cent share with the now largely environmentally friendly aerosols holding their own, although concern over butane content may yet damage this sector.

Similarly Nielsen say deodorant, anti-perspirant aerosol sales have not been too much affected by the CFC debate, but stick and roll-on sales are growing.

The cough and cold season for Winter '89 grew slightly less quickly, up 2 per cent by volume, compared with a 2.6 per cent increase for '88 on '87 sales. Sales for September/October and January/February were ahead on the previous year but with the 'flu epidemic of November/December never quite taking off, sales were up only by 10.8 per cent compared with 17.6 per cent the previous

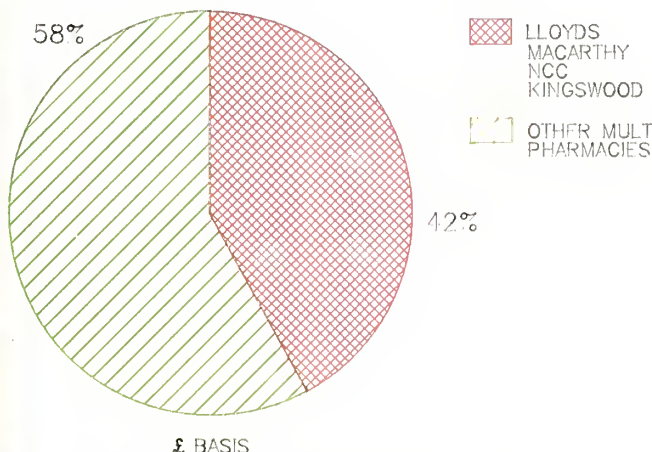
year. March/April sales were well down as people made use of unused products in the medicine cabinet.

Nielsen analysis of the pharmacy multiples shows Lloyds heading the field with 350 branches ahead of Macarthy with 174, National Co-operative chemists with 139 and Kingswood with 91 outlets. After a period of consolidation following expansion, particularly for Lloyds, Nielsen says some movement can be expected among key multiples.

The big four take 42 per cent of the multiple sector (10 branches and over) which accounted for 20 per cent of the £2.7 billion pharmacy market last year (excluding Boots).

In the drug store market their big three, Superdrug, Supersave and Medicare took a dominant 98 per cent share of the total market of 504 million (1987). Superdrug have 550 branches, well ahead of Lloyds Supersave with 112 and Medicare with 97. Medicare have recently relocated their head office and are shedding some unprofitable units while Superdrug are still consolidating following the acquisition of Tip Top.

## CONCENTRATION OF MULTIPLE PHARMACY TRADE





# Serendipity is crucial in drug research

**In the increasingly competitive world of pharmaceutical research the challenge to management is to create an environment that is conducive to innovation. In the science address on Monday morning Conference science chairman Dr Barry Cox attempted to identify the key problems and dispel a few myths.**

It is a widely held myth that companies will develop the so called "me too" drugs in order to make an easy profit. Although there are a large number of such drugs available, said Dr Cox, in the current environment it is almost impossible to make a profit out of a "me too".

The reasons, he suggested, were threefold. The cost of introducing a new drug is large with a typical cost of \$120m-\$140m. "Take this in the context of the price one could charge in the face of the second factor, generic competition, and it is self-evident that any supposed profit margin would rapidly disappear. Finally, the registration authorities quite rightly do not look kindly on 'me too' submissions," he said.

There is a tendency for regulatory authorities worldwide to deal with drugs in a strict order of priority or impose other penalties, so that a "me too" submission could be sitting around for a long time, with the patent clock ticking away.

However, there are some compounds that superficially appear to be "me too's" but are actually quite different. For this group Dr Cox coined the phrase "designed improvement". He cited the example of propranolol, the first  $\beta$ -adrenoceptor antagonist to be launched. Subsequent research showed  $\beta$ -adrenoceptors could be divided into two subtypes and that propranolol acts against both. It achieves its therapeutic effect in angina by reducing the stimulatory effect of adrenaline and noradrenaline on the  $\beta_1$ -receptors of the heart, and reducing its work rate. Propranolol also blocks the  $\beta_2$ -receptors in the lung to allow bronchoconstriction which, although usually irrelevant, may be a problem in asthmatics. A "designed improvement" was the development of a selective  $\beta_1$ -receptor agonist. Such a compound, atenolol, was discovered in 1969 and launched in 1976.

Although designed improvements are legitimate, the most important part of a research



Dr Barry Cox, ICI Pharmaceuticals

strategy must be directed towards "breakthrough products", said Dr Cox. "Breakthrough research, carried out to satisfy an unfulfilled therapeutic need, is easy to say, but difficult, if not impossible, to carry out," he observed. Possibly the most important consideration

**'It is axiomatic that you cannot guarantee success — you can only attempt to minimise the risk of failure'**

in pharmaceutical research is that it is axiomatic that you cannot guarantee success — you can only attempt to minimise the risk of failure. Whatever strategy one adopts there is always a chance that luck will play its part, and effective management ought to be alert and flexible enough to exploit serendipity.

The first problem companies face is to decide which areas to work in and how much effort to place in each. Expense prohibits all but the largest participating in all the commercially viable therapeutic areas. The cost of developing a new medicine has increased from \$7.5m in the 1950s to \$125m in 1980, taking no account of inflation. The resulting trends are very obvious. The number of new chemical entities marketed has seen a dramatic fall from a peak of over 60 in 1963 to less than ten in 1986. During the

same period mean development time has increased from three to ten years, with an accompanying decrease in patent life.

"This decrease emphasises the problems of inadequate payback for costly R&D expenditure," said Dr Cox. "The fact that R&D investment is high risk and long term in an environment that increasingly looks for safer short term profits is creating problems which are worsened by moves to encourage early generic entry and to constrain prices. These changes threaten investment at a time when the understanding of basic biology and disease mechanisms is increasing and new opportunities are appearing. This poses a problem for the future which appears to be appreciated neither by governments nor the public."

A small company with fewer overheads may be able to tackle targets that would not be sufficiently profitable for larger firms, and by doing so may be able to avoid direct competition. But often the reasons why companies have different research portfolios is historical. The bigger companies usually attempt to build on past successes — Beecham with penicillins, ICI with  $\beta$ -blockers, and Roche and benzodiazepines. The reasons are partly commercial: companies already have an established sales force, and partly developmental in that they have expertise in the field, suggested Dr Cox.

The inclination to build on past success seems logical but is not without its pitfalls, he warned. Success is widely spread among companies irrespective of therapeutic class. Further, a company may come to rely heavily for its revenue on a single product. A survey of ten leading pharmaceutical houses shows that 20 per cent of sales turnover is, on average, due to a single product. The contribution declines to less than 5 per cent by the fifth product in the portfolio.

Since the life cycle of a research phase of a project is typically five to ten years, with a development time of up to 11 years, plans for diversification into

# Conference

new areas must be made at least as early as the duration of one research cycle otherwise it may come too late to contribute to profitability, warned Dr Cox.

### The product champion

When attempting to diversify existing staff may need to be retrained, or new staff with the required expertise recruited. But what is more important is to recruit people who are naturally innovative in the first instance, Dr Cox felt. Since they are difficult to recognise except in retrospect, such individuals should be nurtured when they appear, and provided with staff and funds. "A company succeeds or fails on the backs of such individuals, the 'product champions'," he said.

Two basic approaches to drug discovery may be described, namely serendipity or structured research, be it an *ad hoc* group, a project team with a particular therapeutic target, or a group of scientists assigned permanently to a particular field. But even in structured research one can still allow for and exploit serendipity, Dr Cox believed. "It behoves management to define the targets, but then leave to the researchers the decision on how to attack them," he said.

Technical feasibility is a further prime consideration when making decisions on a research strategy. "It would be both arrogant and foolish if an industry research group believed that it alone could identify some basic problem underlying a disease state," said Dr Cox. "Industry should play to its strengths, which are to make the best use of a research team which synthesises and tests novel chemical structures. Industry is not best suited to investigating the nature of the disease itself, rather it formulates a hypothesis that interference with a known process could lead to a substantial clinical benefit."

When determining technical feasibility one is essentially asking: "Can the defined property be measured in the laboratory and are there chemical ideas on how to produce the molecules that will interact with the process?" The failure rate in terms of the total number of compounds synthesised to those reaching the market is around 10,000 to one.

The majority of failures come early in the process before phase two, hypothesis testing, clinical trials, suggesting technical feasibility may be more important than the hypothesis itself.

Given the prime importance of technical feasibility, the next most important element is the product champion, said Dr Cox.

The development of angiotensin converting enzyme inhibitors is a classic story of drug discovery, said Dr Cox. Back in

1898 it was found that crude saline extracts of kidney contained a pressor principle, renin. This observation generated little further interest until 1934 when it was shown persistent hypertension could be produced in dogs by constricting the renal arteries.

Further investigations followed and renin came to occupy a central position in the field of experimental hypertension. However, its relevance in man and the lack of information on the mechanisms involved meant the agent was not yet appropriate as a start for a drug hunting programme — it did not fulfil the criterion of technical feasibility.

By the 1950s the identification of what is now known as the renin-angiotensin system was complete. A critical point came with the discovery of a second enzyme in the pathway that converted the biologically inert decapeptide (angiotensin I) into an extremely potent pressor agent, the octapeptide angiotensin II, by the removal of the amino acids histidine and leucine. "It was this that led to the discovery of ACE inhibitors, but not until serendipity, a product champion and the element of technical feasibility played their part," said Dr Cox.

### Brazilian ACE

Early studies in Brazil had shown that the venom milked from a poisonous snake, *Bothrops jaracara*, when added to plasma, led to the formation of a vasodilator peptide bradykinin and in addition prevented its inactivation. Serendipity played its part when it was discovered that the peptide in the venom was also an ACE inhibitor, preventing the production of angiotensin II.

The fact that the active agent was a pentapeptide and that a synthetic nonapeptide inhibitor was discovered caused one researcher, Arnold Welch, to believe that here was the potential for drug discovery, since inhibition of the enzyme was now shown to be technically feasible and measurable.

This belief was not shared by his management. They could only see the impracticality of trying to progress a drug that would have to be used intravenously. Further, the conventional wisdom of the day was that only a small proportion of hypertensives (the renin-dependent cases) would respond to treatment.

However, Welch was a true "product champion", and he refused to allow the project to be terminated. The rest is history, said Dr Cox. Ondetti, using the peptides as a starting point, synthesised a modified dipeptide with oral activity that was the first of the useful ACE inhibitors.



Miall James (Essex, left) tries in vain to persuade John Merrills (Department of Health), Tim Astill (NPA director) and Dr Gerald Cox (RGIT, Aberdeen) to improve their education on the College of Pharmacy Practice stand



Jane Bunton (left) from Wellcome's formulation department at Dartford gets technical advice from Cow & Gate assistant medical manager Elspeth Hindle, while Jill Holloway (centre), C&G senior product manager, talks to Jennifer Maine and Geoff Fisher from Leicester Polytechnic



Blood cholesterol testing using a Reflotron was on offer on the MSD stand. Nurse Sylvia Mayall takes a sample from John Appleton, a retired hospital pharmacist from Colchester



Derick Fletcher (left), Sanofi senior hospital project executive, talks to Kenneth Sharpe, chairman of the Dewsbury Branch and NE area manager for National Co-operative Chemists



**The challenges resulting from the demographic trough, the need to restrain spending on drugs, and the new structure for hospital pharmacy services anticipated in the NHS White Paper, all came under the spotlight in the new look political forum session.**

# The demographic trough — a challenge to standards?

Lower entry grades, mature entry as a norm or entry to the profession other than with A-levels are strategies that may have to be used to maintain pharmacy manpower as the number of school leavers plummets towards the end of the next decade.

Over the last ten years the A-level scores of intake to schools of pharmacy has risen from 10 to 11.8 points (at a time of fierce competition for places, grades are one method of reducing the field). A greater proportion of good honours degrees has resulted, but few pharmacy employers demand these standards, Rhona Panton, principal pharmacist with West Midlands Regional Health Authority told the political forum on Monday afternoon.

Pharmacy still attracts more applicants than there are places but will this change, she asked, when other courses reduce their required grades? How many potential pharmacists will select medicine?

The current popularity of pharmacy may be related to job security — understandable at a time of recession. Will potential recruits select pharmacy when all graduates have guaranteed employment?

The total population will rise by 4 per cent by the year 2000 and those aged 75 or over will rise by 17 per cent, with consequent demands on the NHS. The Department of Education estimates the number of school leavers will fall by 30 per cent

between 1983 and 1993, with most of this fall still to come (25 per cent over the next five years).

To add to the concern, by 1990 there will be another 500,000 jobs in the service sector — the pool from which pharmacy technicians are recruited, said Mrs Panton.

**'Pharmacy still attracts more applicants than there are places... will this change if other courses reduce their grades?'**



**Rhona Panton, principal pharmacist education and training, West Midlands RHA**

The service sector has recognised the shortfall to come and is offering lower entry grades, career breaks and mature entry.

Universities and polytechnics will need to fight for their market share. The White Paper on higher education estimates that the proportion of young people in higher education will rise from 14.5 per cent to 18 per cent, but this will be from a smaller pool of school leavers.

For technicians, the training time to achieve BTEC has been widely reduced by requiring initial entry standards. But in the West Midlands the number of applicants has fallen by 80 per cent in five years. "Such standards are no longer possible and we must plan for training over three years," recommended Mrs Panton.

Many potential technicians now aged between 25 and 35 were denied training in the years of peak unemployment. They should be recruited she suggested, but such students will need flexible training, open learning and child care provision.

In the last 20 years the percentage of women pharmacy undergraduates has risen from 38

per cent to a current intake of 63 per cent. Women have particular career requirements, said Mrs Panton.

Most women hospital pharmacists are young, and most part-time work is in community pharmacy. To retain this young workforce a move to more flexible working is needed, she said.

This should include:

- **A recruitment process** which recognises possible career breaks, explains career break management and as such offers careers not jobs. The pre-registration year should be developed as an extended recruiting programme highlighting the profession's "selling points" — for example clinical pharmacy in hospital. "Recruitment drives should show how the work has changed. In the Aston 'Return to Pharmacy Practice' course we have had many anecdotal accounts of previous bad experiences deterring women from returning," said Mrs Panton.

- **Career break management** is needed to retain the interest of young women pharmacists. Essential elements are: national provision; guaranteed work at convenient times; payment of professional fees; networked groups; problem based learning; social events; and return at a reasonable grade.

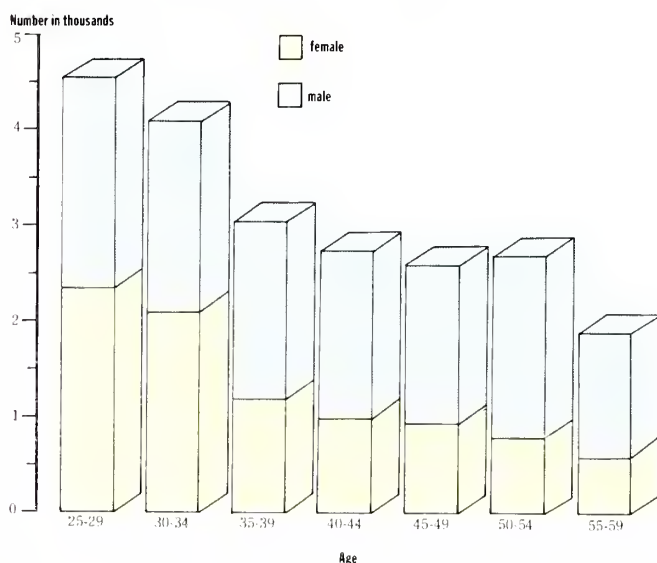
- **Return to work programmes** whose key elements are updating the knowledge base, practice attachment, and addressing issues such as loss of confidence.

- **Part-time work** should offer a real and discrete job with a clear job description and promotion prospects. Some women with very young children may require work which allows them to put family needs first.

- **Job sharing** A good job sharing programme needs publicity, a national and regional register and career progression.

Discussion focused on job sharing. There was a split between female delegates who praised job sharing schemes and male members of the audience who said there were a number of practical problems. NPA director, Tim Astill, said job sharing would not work in community pharmacy management or other jobs where performance could be measured objectively because, for example, there would be no way of identifying who was responsible for success and who caused failure. And superiors always had to give instructions more than once — to each job sharer.

**British registered pharmacists by age and sex: RPSGB 1986 survey**



# Three ways to prescribe to cut the drugs bill

Generic prescribing of the top 30 prescribed drugs, which the Government is trying to encourage through the PACT system and other means, could achieve savings of £50m from the nation's annual drugs bill of approximately £2,000m, estimated PSNC vice-chairman David Coleman.

More rational prescribing is an alternative to generic prescribing. Giving large quantities on prescription — more than seven days supply for acute complaints and 28 days for chronic — is wasteful, said Mr Coleman. Evidence from DUMP campaigns is difficult to extrapolate, but there is evidence that waste from non-compliance, unacceptable side effects and inappropriate prescribing can be up to 10 per cent, he said.

"Pharmacists have long advocated a triple repeat prescription and have long been rebuffed by the Department of Health with apparently spurious arguments," said Mr Coleman. "But other countries do have maximum prescription quantities and do have repeat facilities. A saving of only 5 per cent would produce £100m."

Various estimates of the effect of generic substitution by pharmacists have been made, said Mr Coleman. "It must be realised that significant savings would only occur on a few expensive brands. Nevertheless a saving of 5 per cent would still produce £100m."

The introduction of the limited list saved £75m during 1985-86, the first year it was in effect, Mr Coleman noted in a review of ways of reducing the drugs bill without affecting patients. As a member of the advisory committee he believed the scheme by and large works well.

"The list has also had other effects," he said. "It is known the advisory committee will only



PSNC vice-chairman and Council member David Coleman

recommend 'blacklisting' a product if it can be shown that another product of equal therapeutic value is available at lower cost. This has had the effect

of setting a guideline price per dose in some categories, for example antacids, with a resulting downward pressure on costs.

"Any extension of the limited list into other categories would involve real difficulties, but that is not to say they would not benefit from a critical examination of effectiveness."

Local formularies have received a lot of support, but regional differences in prescribing are worth investigating, he said. "From the Prescription Pricing Authority report we see that last year the average cost of prescriptions per patient in England and Wales was £40.15. Yet the lowest was £29.26 in Enfield and Haringay and the highest £53.61 in North Tyneside." In national terms this means saving £500m or spending £670m over the average.

It is impossible to have complete freedom to prescribe within a limited budget, said Mr Coleman, referring to the Department's intention to introduce indicative budgets for GPs. Guidelines for prescribing could have a part to play, and he questioned whether some

products should be prescribed. In the BNF it states that there is no evidence that topical anti-infective nasal preparations have any therapeutic value. Should they be prescribed?

It is very difficult to divorce the cost of drugs from the cost of treatment. Many new drugs, used initially within the hospital service, are likely to be expensive. But if they reduce the time spent in hospital it may be money well spent, said Mr Coleman. "Over the coming years the number of new drugs — totally innovative rather than 'me too' — is likely to grow. No discussion of the drug bill can ignore the immense benefits of these new and often highly expensive treatments," he said.

Pharmacists, by their business ability, by careful stockholding and price conscious buying, have cut the drugs bill by many millions a year. This money has been clawed back through the discount sale by the Department of Health. "A true partnership with the profession could lead to greater savings, but the extra work involved must be properly recognised," said Mr Coleman.

## NHS White Paper offers pharmacy opportunity

The NHS White Paper is about concepts and encourages a creative response, but many managers are bewildered and bemused. "If pharmacy managers can get to grips with the idea that there are no hard and fast rules about organisation, then we have the opportunity to argue strongly for the best structure for our particular function," argued Ann Lewis, district pharmaceutical officer at Chester Hospital.

Most pharmacy managers are keen to ensure the service is not fragmented and believe it will best serve patients' needs if it is organised on a larger scale than that of a unit. But any arguments will need to keep the three central aims of the Government in mind: extending patient choice, delegating responsibility and securing value for money. "Whether we agree with the proposals is not really relevant," said Mrs Lewis, as the Government seems intent on pressing ahead despite opposition.

Under the new system the NHS Management Board will determine policy, regional health authorities will provide the framework to put policies into practice and will control funding. Service provision will be devolved, although some services



Ann Lewis, DPhO, Chester and Halton HA

may remain at regional level and where this happens a contractual approach will be adopted.

The holders of the purse strings will be the DHAs, the FPCs and GP drug budget holders. DHAs will be charged with identifying demand for services and purchasing them by contract. Thus the two main changes will be devolution and privatisation from a centralised agency, and the operation of the internal market, which, it is hoped, will ration demand and separate it from supply.

"As the changes progress there will be a reduction of the

number of DHAs and FPCs," predicted Mrs Lewis. This makes it impossible to suggest an ideal model. Pharmacy services are not mentioned *per se* in the White Paper, but elements of the pharmacy service — purchasing and supply — are. The guidelines indicate the service should be operated on businesslike lines, with an accountable manager, an agreed work programme and formal monitoring, accounting of financial performance, and liaison with users.

The circular "The way forward for hospital pharmaceutical services" (HC(88)54) suggests that organisation greater than the unit is appropriate for pharmacy. "There can be no doubt that our services have made good use of economies of scale through rationalisation of purchasing, production and other specialist functions," said Mrs Lewis. If the regression of the service through fragmentation is to be avoided these arguments must be used.

Many pharmaceutical officers already have experience of providing services as an operating agency, she said. Management budgets are common and production units operate a trading account. However, it was unlikely that the DPhO can continue to act as a professional adviser and service provider in the long term. Larger DHAs may require the fulltime services of a pharmacist to oversee contract specifications. If FPCs and DHAs combine there is certainly a job for the DPhO in promoting effective and economic prescribing, said Mrs Lewis.

### Generic prescribing savings to be made from or substitution Amount to be saved per 100 dosage units

Zyloric (allopurinol) 300mg tab	£39.38
Lasix (frusemide) 500mg tab	£28.78
Imuran (azathioprine) 50mg tab	£28.55
Aldactone (spironolactone) 100mg tab	£24.92
Zyloric (allopurinol) 100mg tab	£16.28
Floxapen (flucloxacillin) 500mg cap	£12.20
Septin (co-trimoxazole) tab	£8.90
Floxapen (flucloxacillin) 250mg cap	£6.60
Maxolon (metoclopramide) 10mg tab	£6.56
Inderal (propranolol) 160mg tab	£6.50



**A strong attack on the lack of enforcement of animal medicine legislation in parts of the EEC, and a pat on the back for the Society's regulatory role made an interesting contrast in the agricultural and veterinary pharmacy sessional meeting.**

# Poor law enforcement leads to black market animal antibiotics 'epidemic'

The black market in animal antibiotics has reached epidemic proportions in some European countries. The supply of such drugs outside the legitimate distribution network is lucrative because of the economic benefits of using them as growth promoters, and also in avoiding vets' fees. Joy Wingfield, senior assistant at the Royal Pharmaceutical Society's law department, told delegates on Tuesday. She urged food producing nations to make a concerted effort to curb the regular use of antibiotics in animal husbandry.

In theory the EEC has a framework of controls which prevents unsafe animal medicines getting onto the market, and monitors residues from those which are legitimately used, she said. But legislation is only effective if it is enforceable and enforced. European animal medicine legislation is neither, she suggested in a swingeing attack on the casual use of medicines by some farmers and the failure by some EC countries, notably Ireland, to genuinely implement EEC directives.

The European Commission instigated proceedings in the European court against Ireland in 1985 for failing to fulfil its obligations under the 1981 directives to control the production and marketing of animal medicines. By the end of 1988 no product authorisations for animal medicines in Ireland had been issued, said Mrs Wingfield, nor could she establish how effectively existing controls were enforced.

"There is a need for an annual report on each member state's enforcement authority. Publication would demonstrate whether enforcement manpower and expenditure was really ensuring that an offender had a reasonable chance of being caught," she told delegates.

Britain is no longer an island as far as agricultural practice is concerned — the common agricultural policy influences everyone, she said. Although most UK medicine legislation is found in the 1968 Medicines Act, more and more new legislation is being introduced to meet European obligations. Much has been introduced in the last five years and much more is on the way: there will be 180 new laws before 1992, according to one European MP.

Although the form and method

of control shows wide variation, each Member State has implemented the controls encompassed by the European manufacturing directives. The first was adopted in 1970 to control animal feed additives. However, an element of inconsistency exists, said Mrs Wingfield, since Europe does not regard growth promotion or prophylaxis of diseases such as coccidiosis in poultry as being a medicinal use. Antibiotics and other drugs have to be on "free sale".

**'Legislation is only effective if it is enforceable... European animal medicine legislation is neither'**

In 1981 two directives were adopted which effectively require licensing of animal medicines throughout Europe, and in 1986 a Directive to introduce standard residue testing programmes and to set universal tolerance levels was adopted.

Mrs Wingfield looked particularly at one group of drugs — antibiotics — widely used in animal husbandry. Therapeutic uses include the treatment of mastitis in cows; dimetridazole is used for the treatment and

prevention of scours (diarrhoea) in pigs; and sulphaquinoxaline for coccidiosis in poultry. In addition antibiotics have a third use, exclusive to farm animals, that of growth promotion.

Such use of antibiotics might pose risks to human health, she said. The hazards are twofold: a build up of antibiotic residues in the environment leading to the stimulation of drug resistant pathogenic organisms, and the carry over of drug residues into food of animal origin.

"There should be a concerted effort by all the major food producing nations to reduce their dependence on antibiotics, especially those also used for the control of organisms pathogenic to man," said Mrs Wingfield. "Antibiotics should not be a substitute for good animal husbandry."

Farmers have customarily been allowed to medicate their own animals. Familiarity undoubtedly breeds contempt and once the name of a treatment is known some farmers see the intervention of a vet as superfluous. Many are unaware of, or dismiss, the perils of indiscriminate use of antibiotics and resent the fact that legitimate supplies cost more, she said.

Not all offenders are farmers, and instances of imports of sub-standard products are well known, although many

## HOSPITAL PHARMACY

# Clinical pharmacy saves Leeds £150,000

**Clinical pharmacy can save considerable sums of money for the hospital service, a fact that has not been overlooked in the current spate of change in the NHS, the hospital pharmacy sessional meeting heard.**

Clinical pharmacy can produce substantial cost savings. At Leeds General Infirmary £30,000 a year has been saved by using glyceryl trinitrate in place of isosorbide dinitrate in the treatment of angina and complications following heart attack. Comparative studies have failed to show any significant differences between the effects of the two drugs. Jonathan Cooke, director of clinical pharmacy, told the hospital pharmacy session on Tuesday.

There has been a strategic

approach to the use of antimicrobial agents at the Infirmary since 1983, said Mr Cooke. It was recognised that such guidelines would help prescribers to use agents correctly in a cost effective fashion, he said. Microbial resistance levels were monitored and a close check kept on surgical infection rates.

Examination of purchasing patterns showed that initially 20 per cent of the hospital's drug budget was spent on antibiotics.



Joy Wingfield, senior administrative assistant, RPSGB law department

# Society's 'animal influence' important

The registration of animal feed manufacturers with the Royal Pharmaceutical Society is one development above all others that has influenced the correct use of medicinal products, according to BOCM Silcock's chief chemist and laboratory manager Dr D. Williams.

"The importance of this development should not be underestimated for it has already led to noticeable changes in food manufacturing practices in a short space of time," he said at Tuesday morning's agricultural and veterinary pharmacy session.

Since it is not possible to provide meat economically without the use of medicinal products, it is vital that consumers understand that the licensing of products by the Ministry of Agriculture and the control over the manufacture of medicated feedstuffs by the Pharmaceutical Society are two critical "quality assurance" activities, he said.

The need for feed additives can be judged from their economic impact. Antibiotic growth promoters have been shown to improve live weight gains by about 5 per cent and increase feed conversion efficiency by some 3-4 per cent. An important feature of their use is that there are no reports of a falling off in efficacy, nor any indication of a need to increase levels of additives to maintain growth promoting



D. Williams, chief chemist and laboratory manager, BOCM Silcock

effects. Neither, said Dr Williams, is there evidence of an increase in microbial resistance to the promoters used in the UK.

Antimicrobial additives (other than ionophores) are thought to exert their effect by inhibiting the actions of gut micro-organisms. In pigs and poultry they may lead to thinning of the intestinal epithelium and improved nutrient absorption. In ruminants they influence the balance of microbial species in the reticulo rumen leading to more efficient digestion.

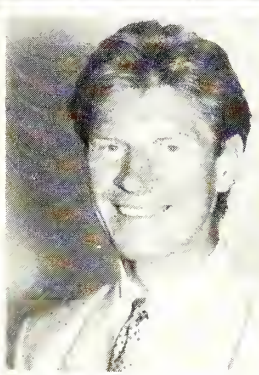
New possibilities are emerging for the control of growth in food producing animals, said Dr Williams, based on immunological methods, the use of  $\beta$ -adrenergic agonists and the provision of genetically engineered growth hormones for growth and lactation.

The use of beta agonists such as clenbuterol and cimaterol can reduce carcass fat by up to 30 per cent while increasing the amount of lean. Similarly bovine somatotrophin (BST) can increase milk yield by up to 30 per cent but is achieved by regular injection of the cow, which poses animal welfare problems.

"What is clear is that pharmaceutically active molecules and new biotechnically based entities will continue to play a most important role in food production and that professional control and greatly improved PR with consumers will be required more than ever before," Dr Williams said.

He warned that recent trends in consumer perceptions of food quality could be detrimental to health. Concerns over additives meant they were being removed from some prepared foods with the result that products deteriorated more rapidly. He predicted the next two or three years would see a number of technical reports advocating the re-introduction of preservatives. And although most consumers strongly agree that foods treated with pesticides should be labelled as such, Dr Williams said that there was not a problem with pesticide residues in the UK.

■ Fee income from enforcing animal legislation now amounts to about £600,000 a year and contributes to around 6-7 per cent of the Pharmaceutical Society's income, estimated Dr Williams. The industry had encouraged the entry of the Society as the enforcing body, he said, against competition from other bodies who had been interested.



Jonathan Cooke, director of clinical pharmacy, Leeds General Infirmary

hospital pharmacy has provided a range of minimum standards.

The Department of Health circular (HC 88/54) "The way forward for hospital pharmaceutical services" has also given full backing to clinical pharmacy, and the economies that could accrue when these are linked with existing developments such as drug information services to form drug and therapeutics (D&T) management systems.

While formularies are useful references for drug management systems they have little value in isolation unless they are continually updated, and become part of the educational process of medical staff. "An essential component of success is the development and maintenance of strong partnerships between pharmacists, doctors and nurses," said Mr Cooke.

D&T management systems require adequate resources, sound objectives and regular feedback, he said, comparing them to a large marketing and

sales programme run by a pharmaceutical company.

There have been several attempts to determine the cost effectiveness of clinical pharmacy, particularly in the USA. One researcher has reported the following from his studies on pharmaceutical audit:

■ Anticoagulant control — fewer bleeding complications are seen when a pharmacist regulates therapy.

■ Aminoglycosides — incidence of nephrotoxicity is much lower when a pharmacist monitors therapy.

■ Aminophylline — toxicity is much lower when a pharmacist regulates therapy.

In another US trial to determine the effectiveness of clinical pharmacy services to a group practice, three groups of GPs were compared: one received no intervention, the second written information only and the third a regular clinical pharmacist visit. The saving over a seven month period was \$5,000.

Economies brought about by formularies can be enhanced by careful negotiation of prices for drugs, said Mr Cooke. All hospitals in Leeds are serviced by a large short line store. The purchasing pharmacist has been able to push through considerable price reductions on GTN as regular orders could be guaranteed. The cost of single units actually fell from £17.25 in 1985-86 to £6.11 in 1988-89.

"The guaranteed use of a preparation with a regular commitment at sufficiently high turnover can exert pressure to produce considerable cost saving," concluded Mr Cooke. However, he cautioned against just looking at the basic cost. Proven efficacy and reduced toxicity should always be our prime concern, he told delegates.

Pharmacists are ideally placed to examine the quality of drug usage, and should be able to perform regular drug reviews and participate in post-marketing surveillance studies, he said.

This has fallen to less than 13 per cent over a five year period, an annual recurring cost saving of £120,000, said Mr Cooke.

The Nuffield Inquiry found much to commend the clinical pharmacy initiatives being taken in the hospital service. The regional pharmaceutical officers' document on standards for pharmaceutical services in



## DPhOs have integral part in drug budget trials

District pharmaceutical officers are to play an integral part in the indicative drug budgeting trials planned for six family practitioner committees. They will be working with other medical personnel in Barnsley, Leeds, Trafford, Shropshire, Northumberland and Surrey FPCs.

DPhOs have been included because of their expertise in establishment, organisation and monitoring of formulary systems, South West Thames RHA general manager Anthony Kember told the hospital session on Tuesday morning. And he hoped community pharmacists would also be involved as they, together with GPs, will have to run the systems.

Indicative drug budgets and the increasing sophistication of computer prescribing data will concentrate GPs' minds and inevitably further increase generic prescribing, he said. Despite criticism of "potential dangers" the hospital service has made substantial use of generics for years. The system is closely monitored by pharmaceutical quality control procedures which could be usefully extended to community pharmacy.

"The percentage of GPs used to generic prescribing and substitution, the intervention of the pharmacist and formulary systems increases as more younger physicians enter general practice," said Mr Kember. As junior hospital medical staff move into general practice, he predicted it would come more into line with hospital practice.

GPs are already moving over to formulary systems to some extent. Local drug and therapeutics committees now usually include a GP, and gradually community pharmacists are being included. When patients discharged from hospital visit their GP they tend to get a repeat of

their current medication as doctors are reluctant to change treatment initiated by their hospital colleagues, much of which is formulary-based. It would be a small step to extend the formulary system to general practice throughout the country, said Mr Kember. Initiatives along these lines have already taken place in Northern Ireland and Lothian in Scotland.

It is generally accepted, Mr Kember said, that drugs dispensed in hospital cost less than those dispensed in the



Anthony Kember, general manager, SW Thames RHA

community. However, hospitals tend to limit prescribing for outpatients. When looked at on a national scale this is illogical, he argued, because it costs the taxpayer more and inconveniences patients. But he could see that when FPCs and DHAs came under the aegis of the Regions there could well be an equalising of the price of drugs.

The potential benefits of clinical pharmacy have been recognised by the Department of Health. They were highlighted in the Nuffield Report. In February 1988 the then Health Minister, Tony Newton, told the Commons: "The Department is reviewing clinical pharmacy which could further assist in improving cost effectiveness of expenditure on drugs in hospitals." The health circular which followed — "Health services development: resource assumptions and planning guidelines" (HC(88)43) — requires health authorities "to have plans to show how they will implement clinical pharmacy including full formulary systems by the end of 1989-90".

The timing of HC(88)54 "The way forward for hospital pharmaceutical services" was particularly significant, Mr Kember said. "It must be remembered it was issued towards the end of October 1988,

within three months of the White Paper on the NHS. I would remind you that draft health circulars have to be examined by many sections within the Department and, of course, by the communications unit, NHS management executive prior to issue. The fact that this circular was issued at the same time that the White Paper was being finalised leaves conclusions to be drawn."

Although clinical pharmacy is a modern expression it has its roots in antiquity, said Mr Kember. Current policies developed some 25 years ago when antibiotic policies were first being introduced in order to reduce the developing problem of bacterial resistance. It was soon obvious that there were other associated benefits: physicians became used to prescribing from a limited range of drugs, their variety was reduced, and so was expenditure.

But US hospital pharmacists, who had adopted clinical pharmacy to a significant degree, had perhaps gone too far, he said. "Pharmacy is a broad discipline and therein lies much of its value. To limit the profession entirely in the clinical aspect seems to be selling the profession's birthright somewhat." He was critical of US schools of pharmacy which now teach a five year degree entirely clinical in orientation.

## Professional partnership to cut drug costs

Restrictive methods, such as the limited list, fail to have a positive influence on doctors' prescribing. The way to achieve change for the better in terms of patient welfare and cost is to educate prescribers and keep repeating the educational messages, Professor Ariel Lant, chairman of Westminster Hospital's drug and therapeutics committee, told the hospital pharmacy session.

Although the limited list is claimed to have saved the health service £75m no-one seems to have looked at its effect on doctors' prescribing habits, Professor Lant said. Many doctors have substituted more expensive drugs for those banned by the list, for example  $H_2$  antagonists given instead of antacids and antibiotics in place of simple cough medicines: "unless you educate at the same time the clinician will do what he or she thinks is appropriate for that patient", Professor Lant said.

Trying to restrict prescribing leads to confrontation which is counterproductive because it undermines attempts by pharmacists and doctors to work together.

Money can be saved through

formularies or drug guides but they have to be set up and run by a partnership of pharmacists and doctors. "I believe in no restriction, which may be an extraordinary thing to say but I believe you can achieve all that you wish to without coercion", Professor Lant said.

When deciding what to prescribe a doctor wants to know quickly which drug, which route and how long for, Professor Lant explained. Cost had to be included in the prescribing decision but it must not take priority over other considerations, he said.

Cost worries drug manufacturers who fear new drugs such as tissue plasminogen activator will not be included in many formularies because they are so expensive. But in any rationalisation system it must be remembered that an expensive treatment may justify inclusion because it has an important clinical contribution to make. Similarly, Professor Lant found it disturbing that some reviews of restrictive lists and formularies have been rather scathing about the so-called "me-too" products. It is important not to dismiss such products out of hand said

Professor Lant, because in the past "me-too" formulations have made major contributions to therapy. For example, chlorpromazine, a close relative of promethazine, changed the face of psychiatric treatment and frusemide, not so very different in its chemical structure from the thiazide diuretics, represented a major step forward.

All these issues have to come into the debate of rationalising prescribing and here Professor Lant sees a very important educative role for pharmacists in conjunction with clinicians.

It is important pharmacists remember that educational messages need repeating if they are going to have any long term effect. Professor Lant said this was an area where clinical pharmacy has failed to achieve a sustained effect. He gave an example of prescribing levels among junior doctors at Westminster Hospital. When they first arrive at the hospital they are briefed on the formulary system and regularly discuss their prescribing with clinical pharmacists. Over a period of time the number of prescriptions junior doctors write falls. But when a new intake of junior medical staff arrives prescribing returns to the level it stood at when their predecessors started. So the education process has to be repeated.

# Health education activity needs financial recognition

**Support for remuneration for the advisory role came from the Consumers Association, along with calming words on the latest acronym, PILs.**

If the Government is committed to the pharmacist's role in health education, and it claims to be, then it clearly needs to review the remuneration system. "Health educators need to be well versed in all current developments, and that means regular training courses," said Anna Bradley, head of food and health at the Consumers' Association.

Since it takes twice as long to deal with general health inquiries as it does to deal with symptom related or medicine queries, pharmacists need to be rewarded by the NHS for something more than the number of prescriptions dispensed, she said.

But consumers don't think of pharmacists as a source of information about general health, or they didn't when the Consumers' Association surveyed public opinion in 1984, said Ms Bradley. Indeed, 90 per cent when asked specifically, said they would never consult a chemist on diet, dental care, contraception or blood pressure measurement.

Things may have changed over the last five years, particularly since the introduction of the pharmacy health care scheme in 1986. "But pharmacists themselves don't seem to feel equipped for providing more detailed advice about general health," she said, referring to a 1988 study in North East Thames Health Authorities which showed that 74 per cent of pharmacists considered they had "no or poor training in the provision of advice on health education topics".

The Consumers' Association welcomes the EC Directive on patient package inserts. This sort of standardised simple information will help patients follow drug regimens, said Ms Bradley, but it needs to be reinforced with a simple verbal message from the pharmacist. But she was critical of the Department of Health's vetting role on the text of PILs.

"The Department is the major purchaser of drugs for the NHS and the sponsoring department for the pharmaceutical industry and, of course, is the department vested with consumer protection in relation to drugs. We think

these interests are contradictory and would like to see an independent regulatory body with a strong brief for the consumer to make these sort of decisions," she said.

The Consumers' Association has five guiding principles — *right of access to a choice of goods and services which are safe; information about such products*

**'Pharmacists don't seem to feel equipped to provide detailed advice about general health'**

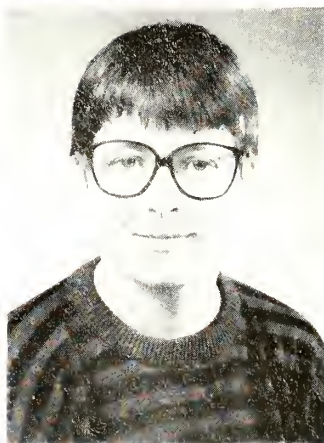
and *right of redress*, should they go wrong.

The 1984 Consumers Association survey indicated patients see pharmacists as experts in the field of drugs, but although they have that knowledge they do not appear to be giving the patient the benefit of it, said Ms Bradley. Nearly 73 per cent of patients could not recollect being given any explanation about their prescription medicine at the pharmacy.

The good news is that the three studies the Association has carried out into the quality of advice pharmacists give consumers (one in 1974, one in 1984 and most recently last year) show that it is getting better, although there is still room for improvement, she said.

Various surveys have shown that the consumer sees the pharmacist as an important source of information about minor ailments. The Proprietary Association of Great Britain survey in 1987 revealed 83 per cent of those interviewed thought so, yet only 8 per cent admitted to basing their choice of OTC remedy on a pharmacist's advice. "All this seems to suggest that while consumers see pharmacists as a useful source of information they are not tending to use the pharmacist as much as they might," said Ms Bradley.

Confidentiality and privacy is important for asking about sensitive health matters, and Ms Bradley was critical of the facilities most pharmacies offered. In a 1988 North East Thames study



Anna Bradley, head of food and health, Consumers' Association

six out of ten pharmacists said they had an area in the front shop out of earshot or a separate room they were willing to use if asked, but in practice many turned out to be quite inappropriate. In the 1988 Consumer Association survey its researcher noted that in nine out of ten cases their conversation could have been overheard.

While the majority of pharmacists said it was a good idea to designate a confidential area, most had reservations about providing it. Ms Bradley said she recognised the problem of funding and the cost of this sort of space but "the introduction of diagnostic testing in pharmacies makes this sort of confidentiality even more important".

## PILs no threat to pharmacist's advisory role

The widespread introduction of patient information leaflets will not usurp the pharmacist's role of advising patients on their medication. On the contrary, for those who do counsel patients, the leaflets will support their advice and provide a permanent reference point for the patient, Frank Hinds, commercial manager at the Wellcome Foundation, told the joint community-industry session on Tuesday.

The industry is aiming to pitch patient leaflets at the level of a reading age of nine years. Experts advise that this is the level which the maximum number of people will be able to read and retain the information. There are many who will need further help, said Mr Hinds.

Only basic information will be included in the leaflets. The emphasis must be to reinforce, and maybe add to, but not replace, the information given by doctor or pharmacist, he said.

Three forces are driving the industry to produce patient information leaflets. First there is the consumer demand for more information. "It would be nice to think that the pharmacist would provide further information to the patient. But we all know this is not always so," said Mr Hinds. "I find it sad that, even today, many pharmacists will not come out of their dispensary for 'love nor money', although some argue it is the latter that would bring them out!"

And although proper labelling with the use of the appropriate cautionary phrases has helped a great deal, there is a limit to what can be included on a label, he said.

Secondly, there is the advent of original pack dispensing. The industry is moving inexorably to



Frank Hinds, manager, commercial division, Wellcome Foundation

OPD, which provides a very suitable vehicle for the inclusion of leaflets. Thirdly, there is EEC legislation which will make patient leaflets mandatory by 1992.

The Association of the British Pharmaceutical Industry set up a working party back in 1984 on the provision of information to patients on medicines. One of the problems it encountered was whether it was legally safe to leave out information, particularly about side effects. "One has to bear in mind that if you put too much into a leaflet people do not read it, and you get communication loss," said Mr Hinds.

Leaflets will state clearly, therefore, that the information they contain is limited and that further information can be obtained from a doctor or pharmacist.

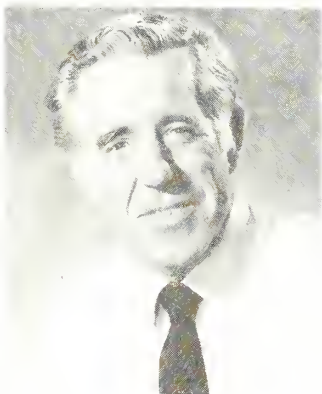
"In the next year or two there should be big changes in pack presentation and leaflets," Mr Hinds predicted, "and when OPD becomes accepted practice the pharmacist may attract product liability by removing the leaflet from the pack."



## It's always been about final checking and counselling...

Community pharmacist Forbes Powrie from Ipswich emphasised the importance of talking to patients as well as handing them written information about medicines. Pharmacy has always been about final checking and counselling, despite the different names it has had — general practice pharmacy, retail pharmacy, community pharmacy — he told the conference.

Although labels and leaflets for dispensed medicines play an important part in encouraging patients to use medicines correctly, Mr Powrie believed



Ipswich community pharmacist Forbes Powrie

they should always be backed up by conversation.

He agreed that leaflets were useful to reinforce what a patient had been told by a pharmacist or other health professional. Generally people only absorb about 20-30 per cent of what is said. "You all know how you feel when you attempt a new DIY job at home. You appreciate a leaflet," Mr Powrie explained.

But customers showed a mixed response to leaflets such as those sent out by the Health

Education Council, some being more popular than others. Posters may have a place although Mr Powrie felt they did not attract as much attention as leaflets.

Often a degree of privacy will be needed when counselling customers. Mr Powrie thought pharmacies had three options: go to the quietest part of the pharmacy (but what if it's really busy?); invite patients into the dispensary (hopefully tidy!); or opt for a counselling area.

If the last option is preferred then a number of questions spring to mind such as how big should it be, will there be room for it, what about design, cost, what income will it generate because it will take up profitable display space, and who will pay for it?

Mr Powrie pointed out there is no rent cost scheme for a counselling area: "If we provide it first and expect payment afterwards the Department of Health will say 'No, that's the norm. Everyone should have one'."

Mr Powrie had his doubts about being able to accommodate a counselling area in his pharmacy. "Already shelf space is being eaten up rapidly with foil/strip packs and I am looking to expand my dispensary."

The information each patient needs will vary enormously. "People will not believe my advice

### 'Labels and leaflets are important but should be backed by conversation'

to buy a medicine because they see me as trying to sell them something. Anyway they have seen an advertisement or someone has told them about a product and they are right, not me", Mr Powrie explained. If the same advice had been given in an office or surgery context he felt it would be more readily accepted, probably because it would be seen as more professional.

Because similar questions are being dealt with day in day out pharmacists must guard against being too casual in their answers, Mr Powrie warned. When explaining what a medicine is for, it may be the first time someone has fallen ill and they may be apprehensive: bear in mind medicines often have several different indications. If patients ask if a medicine is safe, advise "yes, when used according to instructions," he said.

To be effective information providers Mr Powrie reminded delegates that they must keep up to date. "In my Utopian world there would be at least two hours 'reading time' in my working week, to be adhered to and not abused," he said.

## Cantrill wins C&D medal



Pictured are the speakers at Tuesday's Practice Research Session. Clockwise from the top: winner of C&D medal and £150 for the best paper, Judith Cantrill (Hope Hospital, Salford); Dr Ray Fitzpatrick (North Staffordshire HA); Dr Judith Rees (University of Manchester); Ruth Horner (Salford HA) — winner of Janssen prize for best first-time presenter; John Qualie (Leicester Royal Infirmary), and Dr Michael Rubinstein (Liverpool Polytechnic), who presented two papers for speakers who were indisposed

### Diabetics' understanding of hypertension

It is widely recognised that the co-existence of hypertension in a patient with diabetes results in increased risk of complications such as ischaemic heart disease, retinopathy, nephropathy and peripheral vascular disease. The prevalence of hypertension in diabetics is estimated at 40 per cent of men and 53 per cent of women.

Patient education is accepted as an invaluable part of chronic disease management, yet knowledge of hypertension was poor among diabetics and there is little understanding of its interaction with their disease, say Judith Cantrill and Y. Cass (Hope Hospital, Salford). There was no correlation between the presence of complications and patient knowledge. Although most diabetics would like more information little is available which addresses the issue. An information booklet aimed specifically at hypertensive diabetic patients should be designed and evaluated, suggest

the authors.

Eighty diabetics attending an outpatient clinic, who were also receiving antihypertensives, were interviewed. The sample had a mean age of 59 years, and 11 had insulin dependent diabetes. The mean duration of the disease in those interviewed was ten years and that of hypertension nine years. Thirty six per cent of patients could not name any of the long term complications of hypertension, and 65 per cent were unaware that it may increase the risk of complications in diabetes. Almost all hypertensive patients were able to identify their medication, but only 47 per cent were aware it was long term.

Of patients buying OTC medicines, only 15 per cent would tell the pharmacist they were hypertensive, but 70 per cent would say they were diabetic. Forty six per cent were aware that smoking may exacerbate long term complications and 84 per cent of patients knew obesity contributed to hypertension.

### Compliance problems with blister packs

A significant number of elderly patients (52 per cent) experienced some difficulty or failed to remove a tablet from a blister pack in a study carried out by Ruth Horner, Patricia Lochery and A. Sayegh (Ladywell Hospital, Salford). Two compliance aids — a thin metal template which gave additional strength to the flexible blister strip and a scissor action "punch and die" extractor — resulted in critical improvements.

As the pharmaceutical industry moves towards original pack dispensing, solid dosage

forms are increasingly presented in blister, foil or bubble packs. At the beginning of 1987 it was estimated that 40 per cent of prescriptions were being met with original packs, the authors say.

Seventy four female and 26 male elderly people were interviewed face to face in the study, and their relevant manipulative skills assessed. Their ages ranged from 60-96 years, with 79 per cent 75 years or older. While 66 per cent said they were familiar with blister packs, 16 per cent were not and

18 per cent were uncertain.

When asked to remove tablets from blister packs by hand, 46 per cent achieved this with ease or only slight difficulty; 22 per cent experienced some difficulty; 17 per cent had difficulty and failed to remove a tablet on at least one attempt, while a further 13 per cent failed on every occasion.

Repeating the process with the two aids showed overall the extractor was more beneficial than the template.

## PMRs — do they help with patients?

Although patient medication records increase patients' confidence in a pharmacist's abilities they do not seem to encourage patients to seek more advice, nor do they enhance patient loyalty or encourage them to visit the PMR pharmacy to purchase their OTC medicines from just one source.

These "disappointing results" were revealed in an investigation by P. Davies and Dr Michael Rubinstein (Liverpool Polytechnic) into patients' attitudes to PMRs. Ninety two patients were interviewed in two pharmacies and divided into two groups: those already on the PMR system, and eligible patients (ie elderly or regular patients) who were placed on the system during the survey. In both cases patients were made fully aware of its purposes.

Being on the PMR system would encourage 47 per cent of new patients and 35 per cent of existing patients to seek more advice from the pharmacist but only on minor ailments. Only 16 per cent of both new and existing patients would be encouraged to visit the pharmacy more often if the PMR system was available, although 57 per cent of new and 54 per cent of existing patients felt the PMR system gave them extra confidence in the pharmacist's advice, and 55 per cent and 62 per cent said they would feel safer taking their medicines.

But only 25 per cent of new and existing patients said the PMR system would encourage them to take their prescriptions to that pharmacy, and only 20 per cent and 24 per cent indicated they purchase all their medicines from the PMR pharmacy. But 58 per cent of new and 45 per cent of existing patients indicated the introduction of the system had improved their relationship with the pharmacist, mainly because by coming forward to explain the PMR-system the pharmacist had made himself more approachable.

The authors attributed the failure of a PMR system to improve patient-pharmacist interaction to the lack of privacy in the pharmacy.

# Practice research posters

## Missed opportunities in herbal remedies

Community pharmacy is missing out on an opportunity to become the source of expert advice on herbal remedies. Unless pharmacies are able to generate sufficient interest in the area there will be no coherent argument for limiting sale of such remedies to pharmacies, as may be proposed by the EEC in moves to harmonise supply outlets.

Health food shops and their staff, alert to this threat, are now claimed to be widely trained in aspects of herbal remedies. Homoeopathic remedies were widely sold in health food shops, but only infrequently in pharmacies. Counterprescribing knowledge of herbal remedies in three areas — migraine, sedatives and rheumatic relief — generally proved higher in health stores than in pharmacies. *K. Howden, L. Sheard, I. Christensen, G. Lockwood (University of Manchester).*

## Compliance in acne and psoriasis patients

Considerable ignorance of their condition is exhibited by acne and psoriasis patients, which could be corrected with appropriate written information backed up by verbal counselling. Of the psoriasis patients 33 per cent did not know a possible cause of their disease, only 50 per cent of those using a steroid on their face knew its nature and none were aware that they could apply it less often when they saw improvement. But all patients using dithranol were fully briefed on the medication.

Compliance with oral drugs was poor in acne patients and 33 per cent did not realise systemic treatment would be long term. *J. Cruickshank, M. Moody (RGIT), M. White (Aberdeen Royal Infirmary).*

## BP testing — the benefits and the feasibility

Sixty per cent of the general public and 33 per cent of hypertensive patients would use a blood pressure testing service if it were available in community pharmacies. Most people in both groups considered it necessary to have regular BP checks. None of the 52 pharmacists questioned provided the service but half were willing to do so. And 40 per cent of the 12 GPs surveyed believed BP testing should be provided in pharmacies. However, this level of confidence is not substantiated by the present level of involvement of pharmacists, and the problem of feasibility must be addressed. *S. Buchan, M. Moody (RGIT).*

## The pharmacist in the health care team

If pharmacists want to develop their role in the primary health care team, adopting a passive role responding to requests for help is insufficient. Most pharmacists (78 per cent) had contact with local GPs between one and ten times a week, but in 78 per cent of cases this was to clarify prescriptions. Only 43 per cent of pharmacists surveyed had contact with other health care workers. The majority of contacts reported (37 per cent) were with district nurses, followed by staff at residential homes (29 per cent) and health visitors (10 per cent). The pharmacist was responsible for establishing contact in only 9.4 per cent of cases. Most contacts were weekly or more often (nurses 65 per cent; residential homes 73 per cent; health visitors 37 per cent). *F. Smith (London University), M. Salkind (St Bartholomew's Hospital Medical College).*

## Patient-pharmacist communication

Half of all transactions between a pharmacist or an assistant were extended beyond basic administrative checks and sales information to include instructions, information and advice. Although the larger proportion observed in this study were script transactions they were less likely to involve extended communication than self medication transactions. *M. Wilson, E. Robinson, A. Ellis, A. Blenkinsopp, R. Panton (University of Birmingham, Aston University).*

## Kitchen tops for medicines storage

Although just over a quarter of households claim to have a cupboard specifically for storing medicines less than a tenth (7 per cent) were lockable. By comparison, 42 per cent of households with children had a medicine cupboard (17 per cent lockable). However, of the households with cupboards only 60 per cent of their medicines were actually stored in them. Apart from antiseptic creams and nasal sprays the kitchen was the most popular storage place followed by the bathroom. *Judith Rees (Manchester University).*

## Knowledge on pet care lacking

Before pharmacists can satisfactorily fulfil the role of advisors on health care more education in both the legal restrictions and medical conditions, and the products to treat them, will be necessary. Seventy four per cent of pharmacies surveyed stocked pet

health products, primarily for cats and dogs; 29 per cent, mainly in rural areas, also stocked anthelmintics. But display and promotion was poor with 91 per cent failing to advertise their services, although the Royal Pharmaceutical Society allows them to do so, and 32 per cent did not display products where easily seen.

Legal knowledge was not comprehensive: 87 per cent of those surveyed were unaware that the Veterinary Surgeons Act made the diagnosis of animal ill health the exclusive right of the vet. Likewise knowledge of common conditions — flea infestation and worms — was not good. Less than 50 per cent would recommend a powder or spray, 25 per cent were not aware that cats and dogs required regular worming, and 78 per cent that horses needed worming every four to eight weeks. However, 80 per cent felt there was a future for pet health care in pharmacies. *C. Hicks, A. Hunt, C. Herring (Portsmouth Polytechnic).*

## Community pharmacy services in Essex

A questionnaire sent to 279 pharmacies in the Essex FPC area elicited an 84 per cent response and identified the following level of extra-contractual pharmaceutical services:-

	number per cent	
BP testing	8	3.4
Pregnancy testing	98	41.8
Needle/syringe exchange	25	10.7
Adult weighing machine	56	23.9
Baby weighing machine	4	1.7
Adult and baby	22	9.4
Counselling area	62	26.5
NPA/HEA leaflet display	93	39.7
PMRs	121	51.7

The figure for PMRs includes 99 who record ostomy patients only, although 16 pharmacies held PMRs on computer.

Eighty two pharmacists offered advice to staff in residential homes, although only 32 saw the home's records. Deliveries took up over three hours a week for 81 pharmacists. In only 114 pharmacies was a second pharmacist employed. Analysis of the results suggests that the typical Essex pharmacist is working 54 hours a week with Sunday as his only rest day. It is not a matter for surprise that so few take part in professional affairs or continuing education, but that so many do, concludes *Miall James (community pharmacist, Essex).*



## Patients confused by generic variations

Unexplained changes in the appearance of medicines causes confusion, but the effect on compliance is probably only small. Parallel imports cause little confusion and are well accepted, however. Counselling is vital in allaying patients' fears, say M. Goulbourne and Dr Michael Rubinstein (Liverpool Polytechnic), following research into whether they are confused when their medicine is a different shape, colour or package.

The upsurge in generic prescribing coupled with the variety of product means patients may receive medicines of different appearance each time their scripts are dispensed. Additionally PIs are increasingly being used, which are often left in foreign original packs. The authors conducted a survey in five Merseyside pharmacies over 18 days to assess patients' general attitudes.

Of the 249 patients surveyed, 77 per cent had experienced unexplained visual changes in their medication: 72 per cent had occurred in the past and 5 per cent in the script dispensed at the time of the survey. In total 11 changes were categorised: colour (26 per cent), name (17 per cent), package and name (13 per cent), package (10 per cent), shape (8 per cent), size (7 per cent), colour and name (5 per cent), shape and

size (5 per cent), markings (4 per cent), flavour (3 per cent), and shape and markings (2 per cent).

Of patients whose medication had visually changed, 81 per cent were confused, and of these 76 per cent were unhappy to take their medication. However, to the question "If you were not happy to take your medicine, what did you do?", 69 per cent sought advice from their pharmacist, 20 per cent returned to the GP, 11 per cent sought no advice but continued to take the medicine, while less than 1 per cent did not seek any advice and did not take the medicine.

Over a third of those surveyed (36 per cent) said they had received PIs in the past and of these 20 per cent were initially confused. Patients who had not experienced PIs were shown samples: 74 per cent were unconcerned about receiving them in the future.

Most patients (69 per cent) wished the appearance of their medicine could remain the same on each repeat, with women being significantly more concerned than men. The National Pharmaceutical Association and the Royal Pharmaceutical Society could be instrumental in promoting knowledge about generics and PIs through patient information leaflets and posters,

## A role for oral high dose metoclopramide?

High dose oral metoclopramide may be as effective as intravenous administration in the control of cytotoxic drug-induced nausea and vomiting. If a suitable high dose preparation were developed it may prove clinically useful, said John Qualie (Leicester Royal Infirmary) and J. Hall (Ryhope General Hospital, Sunderland).

In a study of 10 patients comparing the pharmacokinetics, efficacy and side effects of the two routes of administration, sedation seemed to be more prominent during IV therapy, but little difference in akathisia could be demonstrated. Changes in oral pharmacokinetics after repeated dosing may be affected by sex, it was suggested.

The patients, with an average

age of 64, randomly received either oral (12.5mg/kg/day) or IV (10mg/kg/day by continuous infusion) metoclopramide, prior to cytotoxic therapy for lung cancer.

Scores for nausea, restlessness and vomiting episodes were similar in both groups. IV therapy caused more sedation than oral. The mean half life following oral therapy was  $6.43 \pm 2.31$  hours. Differences between the half life after the first and third oral doses were seen in two female patients. Half lives in male patients were lower after the first dose (mean 4.6h) than after the third dose (mean 6.3h). Due to the small number of patients no conclusion can be drawn but this observation may be worth investigating, the authors say.

## Chloramphenicol serum levels need monitoring

Wide variations in the pharmacokinetic handling of chloramphenicol in children means serum level monitoring is essential if the dosage is to be titrated accurately to prevent therapeutic failure or serious toxicity, according to Dr Raymond Fitzpatrick (North Staffs HA), Dr Clive Edwards (Newcastle University), and Stephen Kane (Kent).

Chloramphenicol is a potent broad spectrum antibiotic reserved for the treatment of life threatening infections. It is the drug of choice in the initial treatment of meningitis in children. Three types of serious toxicity have been identified which limit its use: irreversible idiopathic bone marrow aplasia, "grey baby syndrome" and reversible bone marrow suppression. The latter two are concentration related. The optimum serum concentration for chloramphenicol is accepted to be 15-25mg per litre for peaks and less than 15mg per

litre for troughs.

Twenty one children, mean age 14.7 months and weight 8.8 kg, were given chloramphenicol according to BNF recommendations of 50-100mg/kg/day in four divided doses (mean 78.9mg/kg/day) and complete steady state peak and trough blood level data obtained from 15 patients. Drug half life varied from 0.97 to 34 hours with a mean of 7.95 hours and a standard deviation of  $\pm 10.7$  hours.

Only two patients achieved optimum blood concentrations. There was a tenfold variation in peak levels and a thirty-fold variation in trough levels, yet the maximum variation in dosage was only twofold.

The picture is complicated because chloramphenicol sodium succinate (the form in which it was given) is a pro-drug. The time for conversion to the active metabolite in the body varies and could influence peak concentrations, the authors note.

## Over 16pc transfer medicines between containers

Much effort goes into the packaging and labelling of medicines to safeguard and inform the public. The efforts of industry and pharmacists may be negated if patients transfer their medicines from the original to other containers. Yet a study by Judith Rees (Manchester University), Alison Forbes (Brighton Polytechnic) and Alan Ross (Bolton, Bury and Rochdale HA), shows the extent of transference is considerable, with over 16 per cent of patients claiming to do so, the main reason being convenience.

The authors say little is known about the extent of the transference of medicines, whether patients are more likely to transfer from one type of container than others, what type of medicines are transferred, and

the reasons. To find out, questions were included in a questionnaire on the use of medicines in the community and sent to a random sample of 2,500 householders in Bolton.

A return of 1,463 forms (60 per cent) showed 16.45 per cent of respondents claimed to have transferred medicines from one container to another. The extent of transference increased with age and was lower in the inner urban area. The most popular containers from which to transfer medicines are child resistant, followed by screw top, then blister and foil covered packs (see table 1).

The most popular choice into which to transfer a medicine is a screw top bottle, the main reason being convenience, ease of removal and it being easier to carry (see table 2).

**Table 1: Percentage of respondents who transferred medicine from four types of containers**

Type of container	Inner urban area			Rest of Borough			Overall (all ages)
	Less than 40 yrs	40-59 yrs	60 yrs & over	Less than 40 yrs	40-59 yrs	60 yrs & over	
CRC	6.3	6.8	15.3	4.3	12.0	12.4	8.8
Screw top	3.4	8.4	6.6	6.1	8.5	8.9	7.1
Blister pack	2.4	3.7	5.8	2.4	2.4	2.8	3.1
Foil covered	0.9	1.0	3.6	3.3	1.8	2.1	2.2

**Table 2: Percentage of respondents who transferred medicines, the types of container involved and the reasons**

Container medicines transferred into	Original container			
	CRC %	Screw-top %	Blister %	Foil %
Smaller container	32.0	43.0	18.2	12.9
Larger container	8.3	13.0	20.5	19.3
Screw top bottle	48.0	32.0	59.0	58.0
Pill box	12.8	15.0	15.9	9.6
Other	10.4	15.0	15.9	19.2

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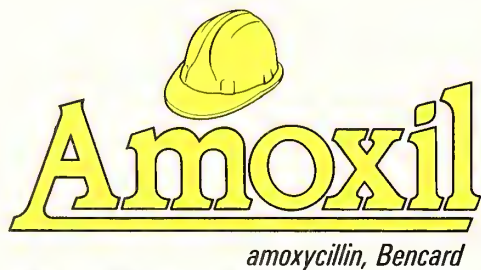
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1. The NHS price of Amoxil 250mg & 500mg capsule dispensing packs has been reduced by 6%, Amoxil 250mg & 500mg Original Packs by 9%; and Amoxil 1g, 500mg & 250mg injection packs by 10%, effective 1st September 1989.

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# Home health care — the way ahead

Economic pressures to reduce hospitalisation costs and a growing recognition of the advantages of home treatment will force pharmacists throughout the world to consider greater involvement in this growing market, according to speakers at the 49th Federation Internationale Pharmaceutique Congress last week.

Sixty British pharmacists, including the Society's president, vice-president, five other members of Council, and several members of the Society's staff, joined nearly 2,500 of their colleagues from 60 different countries at the congress, held in Munich from September 4-9.

After the formal opening ceremony, the first afternoon session, as is traditional, dealt with pharmacy in the host country, and problems familiar to "News from Germany" readers were fully aired. The next two days contained a marathon 13 scientific symposia and, overall, some 350 oral and poster communications. Delegates also attended a Third World discussion forum. One innovation this year was a "Women in Pharmacy" lunch, which was addressed by Mme Wehrli of the WHO.

In the final two days, the Congress split into nine sections covering specialist groups in pharmacy, with the UK's Jane Nicholson chairing the industrial section and Colin Hitchings co-chairing a joint symposium with the community pharmacists' section on home health care (HHC). Scandinavian, Dutch, French, Spanish and American pharmacists related their experiences in this field, and all agreed pharmacists could and should have a role in HHC. Views on which role ranged from merely a supply function to assisting in patient selection, training, counselling and monitoring, and even in the design of the therapy.

In the USA, HHC is becoming a highly competitive and burgeoning market with drug and equipment manufacturers, nursing organisations, hospital and community pharmacists, GPs and specific HHC companies all fighting for a share. HHC in the USA can involve IV administration of antibiotics, cytotoxics, analgesics, Factor VIII, gammaglobulin and heparin, enteral and parenteral nutrition and oxygen.

One company set up by ex-hospital and community pharmacists, which operates from an office-type environment deliberately located in an area of

doctors' and dentists' surgeries, covers virtually the whole field of HHC including clinical management.

Obstacles to the development of HHC in Europe were identified as poor communication and co-ordination between the various health and social services and lack of mutual respect and trust between the professions involved. The lack of an obvious leader or co-ordinator for an HHC team was another problem felt by some European countries.

However, a Norwegian hospital pharmacist described a superb example of a co-operative venture between consultant rheumatologists, physio- and occupational therapists, hospital and community pharmacists in the care of patients with rheumatoid arthritis and other rheumatological diseases. This experiment had been set up following studies showing that the usual oral information on drugs, given once, was virtually useless to the patient. The project had greatly increased patient compliance and therapeutic effectiveness and, the pharmacist said, could easily be applied to other patient.

British health centres were perceived (by foreigners!) as an excellent base for HHC. Such schemes were seen as an ideal opportunity for co-operation, but also perhaps competition, between hospital and community pharmacists. A pilot joint scheme is already underway in Holland.

Problems of reimbursement of pharmacists working in HHC were mentioned by many speakers, but have been largely overcome in the USA. The enormous cost savings compared to in-patient care were stressed by all the speakers who concluded that HHC will inevitably grow in importance.

With a venue like Munich, the social side cannot be forgotten. It included a welcome party at a famous beer cellar, complete with a highly concentrated dose of Bavarian folklore that included Alphorns, a lady yodeller and a group of "rustics" who stood on the tables cracking whips in time with the traditional music.

Istanbul, Turkey, will host the 50th FIP Congress from September 1-7, 1990. It will be devoted to topics of particular interest to practising pharmacists. For the more scientifically orientated, the Congress of Pharmaceutical Technology will be in Ankara the week after.

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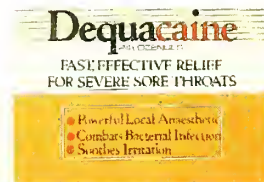
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# BUSINESS NEWS

## Reckitt up 14pc

The benefits of the early summer showed up in Reckitt & Colman's half year figures, published last week.

Pre-tax profits are up 14 per cent to £98.5m with strong contributions coming from the UK — where Robinsons health drinks have boomed — and Europe.

Sales to customers are up 8 per cent to £737m. Chairman Sir Michael Colman said: "The performance in North America was impacted by both competitive activity and product launch costs. The Australian business, continuing to benefit from its recent restructuring, produced excellent results in an uncertain economic climate".

Worldwide, the pharmaceuticals division "did well" with sales increased by 8.1 per cent to £75.1m and trading profit improved by 11 per cent to £15.6m. In the UK OTC brands are said to have performed creditably with Lemsip, Dettol and Haliborange enjoying increased market shares.

## Counselling aid

A patient counselling aid is offered by Channel Business Systems which is integrated with information on the drugs prescribed and drug incompatibilities available on the prescription labelling and medication records held in the pharmacy.

Channel Business Systems say they will be offering a number of regional pharmacy seminars in October to demonstrate this and other systems. These will be arranged in response to interest shown at the trials being conducted at Aston University (C&D July 22 p130) and that from the EPoS exhibition and other enquiries. Further information from Martin Booth at Channel (Tel: 0403 210808).

## Boots buy troubled optical chain

Boots have made a £14.5m agreed bid for Miller and Santhouse, the optician chain which operates about 100 stores in the UK.

The offer is 185p per share and Boots have received acceptances for more than 50 per cent of Miller's equity.

The offer came last week, on the day that Miller announced a drop in pre-tax profits from £1.5m to £502,000. The company said it had been hit by the abolition of free eye tests and the imposition of VAT on optical products.

The takeover will give Boots 368 outlets in the market. Boots already own Clement Clarke.

Ward White, the DIY group recently taken over by Boots, released half year results this week which almost matched the forecast made during the £900m bid battle.

Profits are up 23.8 per cent to £34.3m and sales 18.5pc at £405.6m. During the Boots takeover Ward White's management said they would make £34.2m in the half year to the end of July.

## TSB break the £50 cheque limit

TSB this week became the first High Street bank to offer a £100 cheque card to all its customers.

It is being made available to all the current account holders, who number over one million, and a further three million will have the option to adopt it instead of the existing card.

Other High Street banks are thought to be considering lifting the £50 limit which has stood for 12 years. Earlier this year they collectively bowed to competition from building societies and

pressure from retailers and agreed to offer cards with higher limits — but only for selected customers.

Of the four big banks, only Midland are thought unlikely now to offer the £100 card to all customers. Barclay's should be next with the offer and spokesmen for Nat West and Lloyds said they were watching the market with interest.

The original contention over raising the guarantee limit centred on worries of increased cheque card fraud. This week the Association for Payment Clearing Services (APACS) began its campaign to brace retailers for the increased limits and to remind them of the need for vigilance.

Secretary of the Cheque Card Committee, Jim Parsons, says: "It's not yet clear which of our members will begin issuing the higher limit cards during the remainder of 1989 but it is anticipated that some will do so. The committee therefore wanted to begin informing retailers now to give them sufficient time to communicate the message to their staff, well in advance of the Christmas rush".

## Ciba continue merger trend

Ciba Geigy this week made a move to take control of the Canadian vaccines-maker Connaught Biosciences.

Ciba have reportedly offered about £461m to buy the Toronto-based company which is said to be among the top three North American vaccines producers.

According to the *Financial Times* a deal would be effected through JV Vax, a US joint venture between the Swiss company and Chiron, a West Coast-based biotechnology group which has collaborated with Ciba in the past. A deal would further reinforce the City view that the world's top pharmaceutical companies' trend toward mergers is set to continue next year. Ciba's merger would be the fourth this year, coming on the back of Beecham/Smithkline, Squibb/Bristol Myers, and Merrell Dow/Marion.

But Ciba, the fifth ranked drug company in the world, face some competition for Connaught. A rival proposal from Rhone Poulenc may yet tempt the Canadian group.

## Schwarzkopf cut jobs in Euro move

Schwarzkopf are to cut 130 production staff at their Aylesbury site following a review of European operations.

A spokesman told C&D that while Aylesbury is efficient, it cannot physically offer scope for expansion as it is penned in by a road and a school. Production is to be expanded at the company's plants in Holland and Germany. The UK redundancies will be made by the end of next year.

Schwarzkopf say they will be making generous severance payments and also ensuring that employees are given counselling where required.

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## Unichem offer more shares

Unichem have sent letters to members offering their allotment of the 563,000 additional shares for purchases from January 1 to May 17, the date the MMC stopped the original share scheme.

Finance director Jeff Harris says some 4,250 Unichem members are offered shares at £1 each. The closing date for acceptance is October 31.

While no further shares will be offered to members in proportion to their trade with the Society, Unichem has already announced the Board's decision to recommend to its members that they vote to approve the issue, after conversion, of 1.94 million shares at £1 each as a right issue. This additional tranche of shares would have been issued under the original Share Scheme.

## Kingswood on target

Kingswood Chemists made "good progress" in the half year statement issued by parent group Booker last week.

The plc, which also owns Holland & Barrett, recorded pre-tax profits up 4 per cent on the same stage last year to stand at £30.3m.

## PMR cards from Park Systems

Park Systems say that as a result of the increased use of patient medication record labelling systems, they have now set up their own production facilities for plastic patient medication record cards. Park say the patient's detail label can be permanently affixed to the credit-card sized cards with a clear vinyl seal. Pharmacists are offered the service with artwork, design and production included. Details and sample packs are available from Cathy Whearty at Park Systems. Tel: 051 298 2233.

**Peaudouce (UK) Ltd** have moved to Halesfield 25, Telford, Shropshire TF7 4LP (tel: 0952 680044).

## Superdrug on top form

Superdrug proved to be the star performer in parent company Kingfisher's half year results this week.

While profits fell at Comet, slowed at B&Q and Woolworths, Superdrug pitched in with a 40 per cent lift in profits to £10.5m. The inclusion of Tip Top and Share Drug and an improvement in margins were said to have contributed toward the success.

Kingfisher reported group profits of £64m, up 21 per cent on the same stage last year.

## Peter Black up 22pc for year

Peter Black, the Yorkshire-based holding company which makes cosmetics and toiletries for Marks & Spencer, reported full year pre-tax profits of £9.62m last week.

On an annualised basis, profits are up 22 per cent and turnover (at £138m) by 12 per cent.

Chairman Gordon Black says the Chancellor's inflation policy of higher interest rates to combat consumer spending has taken its toll on turnover growth in the second half.

### COMING EVENTS

## PSNI to educate

The Pharmaceutical Society of Northern Ireland have announced details of their Continuing Pharmaceutical Education programme for this year. There are 17 lectures, running until December 4.

The first is "Recent advances in drug therapy" to be held at the Society's headquarters on

September 26 at 7.30pm, and will cover cardiovascular drug therapy. The speaker is Dr Dennis Boyle, consultant cardiologist, Ulster Hospital, Dundonald.

Other lectures will be held on October 3, 10 and 17, and will cover infection, respiratory disease and cancer. The aim is to provide pharmacists with a practical view of the rationale in prescribing relative to the treatment of each condition.

Details are available from Derek Lawson on 0232 326927.

# IN THE CITY

As Britain baked in the sun-shine the stockmarket put on a scorching performance of its own over the last few weeks.

The FTSE 100 index, which charts price movements of the top 100 UK shares, recently breached the psychologically important 2,400 mark for the first time since the October 1987 crash. But a bout of nerves over the market's strength has led to sharp retreat in the last few days.

The healthcare sector, however, has been one of the most active with Wellcome continuing to attract considerable attention both sides of the Atlantic because of Retrovir.

Wellcome shares gained strongly over the summer period due to encouraging news from the US about Retrovir's potential, but lost ground more recently, as doubts merged over the drug's prospects.

One market worry is that the world-wide spread of Aids may not be as alarming as previously thought. There is also talk of more competition Bristol-Myers, the US group which is about to extend trials of its own anti-aids products shortly.

Fisons, maker of Tilade, were hit briefly by rumours of a big rights issue which proved unfound. The company is about to report half year results with the market looking for about £63m profits before tax.

Meanwhile, shares in Macarthy have continued to soar on the back of bid talk. Since the departure of Nicholas Ward, formerly chairman and chief executive, they have put on about 70p a share. The latest suggestion is that a West Germany predator is about to launch a takeover for the pharmaceuticals wholesaler (see Business News 12/8 p252).

Boots the Chemist, were again in the limelight. No sooner had they won a £900m takeover battle for Ward White, owner of the Halfords, then they were back on a shopping spree.

The company's latest purchase is Miller & Santhouse, the troubled optician which has been suffering from the impact of high interest rates and the ending of free sight tests by the Government. Not surprisingly, Miller has succumbed to a £14.5m offer from the chemist.

Reckitt & Colman, maker of branded foods and over-the-counter medicines, lived up to market estimates with a 14 per cent rise in interim profits to £98.6m. The hot weather helped to produce a bumper result for its Robinsons drinks business.

### Tuesday, September 19

**Eastbourne branch, RPSGB.** Postgraduate medical centre, Eastbourne District General Hospital at 7.30pm. "Do you really know your wine?", a wine tasting provided by Augustus Barnett. Buffet provided.

### Wednesday, September 20

**Wirral branch, RPSGB.** Clatterbridge postgraduate medical centre at 8pm. "Drugs in sport", by Dr D. Mottran. Essex LPC. Mid Essex DHA. Collingwood Road, Witham at 2.30pm

### Thursday, September 21

**Weald of Kent branch, RPSGB.**

Postgraduate medical centre, Kent and Sussex Hospital at 7.45pm. "Contact lens care", by Nick Jenvey, national accounts manager, CIBA vision.

**Lancaster branch, RPSGB.** Post House, Lancaster at 7pm. "Interpreting PACT", with speakers from the RHA. Buffet provided.

**Bedfordshire branch, RPSGB.** Postgraduate medical centre, Luton and Dunstable Hospital at 8pm. "Current policies in stoma care", by sister B. Hawkins.

**Worcestershire branch, NPA.** St Andrew's House Hotel, Droitwich at 7.30pm. Elections, followed by an address by Tim Astill on "Pharmacy, NPA and the future". Buffet provided.

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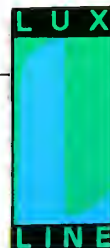
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# ABOUT PEOPLE

## New Manager and Technical Editor for *C&D*

Frances Shortland this week joins *Chemist & Druggist* as Advertisement Manager from the successful monthly magazine *Housewares*, also a Benn Publications' retail title. As Advertisement Manager on *Housewares* she played a major part in its post-launch



Frances Shortland, Manager

## Postscript

A thief walked into Boots' pharmacy in Rustington, West Sussex, unplugged the till and walked out again. And nobody noticed!

According to the *West Sussex Gazette*, the till was on a counter near the door, but had been emptied a little earlier, so did not contain much money.

## DEATH

**Gosling:** Burton Gosling, formerly managing director of Parfums Givenchy Ltd, died of a heart attack on August 27. *Peter Norman*, managing director of Parfums Givenchy, writes: "Everybody who had, or still has, anything to do with Givenchy owes everything to Burt. It was he that set up a joint company with Hubert de Givenchy in 1968, to market the fragrances launched in France. He was the guiding light, inspiration and driving force behind the UK company."

development. Before that she gained considerable "grass roots" selling experience within Benn Publications Ltd.

And Eileen Wilson has been promoted to Technical Editor.

Eileen joined *C&D* in February 1988 after working as staff pharmacist in paediatrics at Guy's Hospital. She graduated from Sunderland Polytechnic in 1984 and completed preregistration training at King's College Hospital in London.



Eileen Wilson, Technical Editor

## AAH family fun day

The family fun day and trade show — held at Shugborough Hall, ancestral home of Lord Lichfield, was voted a huge success, say AAH Pharmaceuticals.

More than 3,000 visitors attended the event which featured entertainment from Roy Castle accompanied by the Bath City Jazz men. The schedule included a five hour programme of family entertainment including clowns, fire-eaters and side show attractions.

Wirral pharmacist John Poole now has an impressive memento of the family fun day, as he scooped the star prize of a Fletcher power boat (see p434)

and visitors were invited to enter a photographic competition judged by Lord Lichfield.

The Shugborough trade show marquees featured displays from the Vantage symbol group and Link in-pharmacy computer systems, together with stands from more than 60 AAH Pharmaceuticals suppliers.

AAH Pharmaceuticals linked with the national charity Childline to stage a balloon race offering a prize of an Ansaphone for the visitor who released the balloon found the furthest distance away from Shugborough and £25 to the person finding the winning balloon.



Roy Castle (front row: centre) takes a break from the family fun day to provide an impromptu music lesson for: AAH Pharmaceuticals' managing director David Taylor (far right), marketing director Alan Turner (2nd right) marketing manager David Watkinson (far left) and Vantage manager Peter Linnett (2nd left) John Spence of IMA, AAH Pharmaceuticals' advertising agency, (back row centre) joins in the fun

## Mullen sets up

The former chairman of the Pharmaceutical General Council, Mr Ian Mullen, has established himself as a consultant under the name Ian Mullen Associates, specialising in advice on pharmaceutical and other health issues.

Mr Mullen, who is vice-chairman of the Forth Valley Health Board, can be contacted at Ardenlea, 11 Arnohill, Falkirk FK1 5RZ. Tel: 0324 21806.

## APPOINTMENTS

**APBI** have appointed Mr Ben Hayes as public affairs manager. He will work with public affairs director, Peter Lumley, on PR activities including parliamentary affairs, media and public relations.

**AAH** have appointed John Masters as sales representative based at Vestric Reading and Tony Love as representative for South Wales.

**Orridge Group Ltd** have appointed Ivor Craig as field sales manager at the Glasgow office.

**Sterling-Winthrop Group** have appointed Gordon D. Proctor as managing director. He will also be Sterling International's regional director for the UK and Ireland. Mr Proctor joins from May and Baker where he was general manager of the pharmaceutical business.

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**warnings, etc.** *Contra-indications:* None known. *Precautions:* To be used with caution in the presence of renal or hepatic dysfunction. *Side- and adverse effects:* Side-effects are rare in therapeutic doses. Reports of adverse reactions are rare and are generally associated with overdosage. Isolated cases of thrombocytopenic purpura, haemolytic anaemia and agranulocytosis have been recorded. Nephrotoxic effects are uncommon and

have not been reported in association with therapeutic doses except after prolonged administration. Overdosage may cause hepatic necrosis. **Basic NHS costs** *Calpol Infant Suspension:* 1 litre, £4.32 (PL3/5067). *Sugar-Free Calpol Infant Suspension:* 1 litre, £4.32 (PL3/0244). Further information is available on request. **The Wellcome Foundation Ltd**  
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